

File - Completed OPR.A

cc: Construction
V. 1
P. 1

State of New Jersey Standard
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 Doris MI Last Name Kobza

E-mail Address

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone 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 Doris Kobza Date 1/04/2017

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☐ **Check** ☒ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity December 2016

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

RECEIVED

JAN - 4 2017

Borough of Matawan
Clerk's Office

File - Completed CPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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
 Mailing Address 170 Kinnelon Rd., Ste 1
 City Kinnelon State NJ Zip 07405
 Telephone FAX
 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 Terry Fletcher Date 1/5/17

Payment Information

Maximum Authorization Cost \$
 Selected 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.

1/5/17 2017 Annual Maintenance for Water, Sanitary Sewer & Drainage Bid opening

Please forward me a complete list of contractors who bid and their amounts. 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
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
 Rec'd Date 1-4-17
 Ready Date 1-4-17
 Total Pages

Final Cost

Total
 Deposit
 Balance Due
 Balance Paid

Records Provided

No Such Document exists to date

Karen Wynne 1-4-17
 Custodian Signature Date

File - Completed OPRA

Karen Wynne

From:
Sent: Saturday, January 07, 2017 3:22 PM
To: karen.wynne@matawanborough.com
Subject: OPRA request

Good afternoon,

Under the Open Public Records Act, I am writing to request a vendor history report detailing the total paid by Matawan in each of the last three fiscal or calendar years, whichever applies, for legal notices in newspapers. If possible, please note the reason for the legal notice(s) and the newspaper(s) in which they were published. Please note that I am not seeking each individual purchase order, only a listing.

If possible, please provide each year as its own attachment.

I agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed \$25. If the cost will be more than this amount, please contact me as soon as possible to discuss the fee. My email is and my cell phone is

If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the redacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision to withhold any information and/or to dispute fees charged.

Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than the seven (7) business days required by law.

Dustin Racioppi
State House reporter

The Record



Mobile:
Office:

NorthJersey.com

Rec'd 1-9-17

Ready Date 1-14-17

Karen Wynne

1-13-17

-File complete
-see attached

email

Karen Wynne

File - Completed OPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 802
Fax (732) 290-7585
karen.wynne@matewanborough.com



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 Betsy MI _____ Last Name Hummel
 E-mail Address _____
 Mailing Address P.O. Box 926, William Penn Annex
 City Philadelphia State PA Zip 19105-0926
 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 Betsy Hummel Date 1-10-17

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.

For insurance purposes, requesting a copy of an animal control report as our insured was bit by a dog. Info is as follows:

11-29-16

37 Lake Ridge Dr, Matawan

Driver: Jerovon Richardson - bite victim
(Dali Transportation)

Dog owner - unknown

(see attached)

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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.
Old Bridge
NOT
Matawan
 In Progress _____ Open _____
 Denied _____ Closed _____
 Filled _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____ Total _____
 Rec'd Date 1-11-17 Deposit _____
 Ready Date 1-23-17 Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____
1-17-17
- File complete
- See attached email
Karen Wynne 1-17-17
 Custodian Signature CLC Date

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 GEORGE MI — Last Name ALVARADO
 E-mail Address —
 Mailing Address 209 LOWER MAIN ST
 City MATAWAN State NJ Zip 07742
 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 [Signature] Date 1/12/17

Payment Information

Maximum Authorization Cost \$ —
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

NEED A List FOR ALL Foreclosure Homes in MATAWAN NJ
 MOBILE & DANGEROUS HOMES (S)
 2 Family Homes (S)
 Also (S)

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 1-12-17
 Ready Date 1-24-17
 Total Pages —

Final Cost

Total —
 Deposit —
 Balance Due —
 Balance Paid —

Records Provided

1-13-17
 - File complete
 - See attached email
[Signature] 1-12-17
 Custodian Signature Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-290-165

Fax: 732-290-7585

File - Completed OPRA
PUBLIC RECORDS

~~cc: Petric~~
HW/17
via email

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

Mailing Address 2022 WASHINGTON BLVD

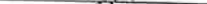
City ROBBINSVILLE State NJ Zip 08691

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

Signature  Date 1/9/2017

Payment Information

Maximum Authorization Cost: \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

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 for the dates listed below. Please email to

Start Date 1/1/2017

End Date 1/7/2017

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 # 1-9-17
 Rec'd Date 1-9-17
 Ready Date 1-14-17
 Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

 $1 - |a| - 1 -$

- File Complete
- See attached email

Custodian Signature _____

Det

1-9-17
Date

File - Completed OPRA

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

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 the 2017 Re-organization meeting minutes and list of Professional Appointments.

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #		Total
Rec'd Date	1-9-17	Deposit
Ready Date	1-19-17	Balance Due
Total Pages		Balance Paid
Records Provided		
1-17-17 - File complete - see attached email <i>[Signature]</i> 1-9-17 Custodian Signature Date		

File - Completed a PRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



Important Notice

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Requestor Information – Please Print

First Name Donna MI Last Name Baszak
E-mail Address
Mailing Address 28 Frandsen Avenue
City South River State NJ Zip 08882
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 ~~I HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Donna Baszak Date 1/16/17

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.

Copies of all invoices and certified payroll reports for KKD Enterprises as respects to the 2016 Annual Contract for Emergency Repair Services for Water, Sanitary Sewer and Drainage.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking #		Total	
Rec'd Date	<u>1-17-17</u>	Deposit	
Ready Date	<u>1-26-17</u>	Balance Due	
Total Pages		Balance Paid	

Records Provided

1-26-17
- File complete
- See attached email

Kenneth W. [Signature] 1-17-77
Custodian Signature Date

File - Completed OPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



Important Notice

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Requestor Information - Please Print

First Name Denise MI Last Name Remeta
Company Riley and Gutman, Esqs.
Mailing Address 31 West Main Street
City Freehold State NJ Zip 07728 Email dremeta@rileyandgutman.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect ☒ DIGITAL

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 D Remeta Date 1/27/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

We are requesting digital format.

We are requesting ALL documents, opened and closed, pertaining to: 36 Lake Blvd, Matawan, NJ (Lot 8, Block 3) property.

1. Construction permits from Jan. 1930 - present;
2. Oil installation and/or decommissioning permits from Jan. 1930 - present;
3. Septic systems installation and/or decommissioning permits from Jan. 1930 - present;
4. Well installation and/or decommissioning permits from Jan. 1930 - present;
5. Propane tanks installation and/or decommissioning permits from Jan. 1930 - present;
6. Variances/permits for pools from Jan. 1930 - present;
7. Variance/permits for fence from Jan. 1930 - present;
8. Variance/permits for sheds from Jan. 1930 - present.

Please email documents to:

Denise Remeta -

Riley and Gutman, Esqs, 31 West Main Street, Freehold, NJ 07726

RECEIVED

JAN 30 2017

Borough of Matawan
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

13077

- File complete
- See attached email

Karen Wynne
Custodian Signature

1-30-17
Date

To: File - Completed OWA
State Of New Jersey

cc: ~~Construction~~
~~Fire Prevention~~ KW
2/1
WV
ema.7



OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

Important Notice

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Requestor Information – Please Print

First Name Rich MI MI Last Name Bapst

E-mail Address _____

Mailing Address 3900 N 10th Street, suite 102

City phila State pa Zip 19140

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ On-Site Inspect XXX 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 JAN 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 performing a Phase I Environmental Site Assessment on the property located at 992 Highway 34 West (Burger King); Block 120.01, Lot 4 I am looking to stop in and review available property records from the bldg and fire depts in attempt to identify potential environmental concerns in association with the property. If you will not allow me to review the property files for pertinent records myself I am looking to be provided with copies of records pertaining to (:

- Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property
- Asbestos information, removal, or abatement at the property
- Permits for the installation or decommissioning of drinking water wells & septic systems
- Demolition/renovation permits for the current building of any other prior building on this property
- Any known spills, releases, hazardous materials
- Permits for flammable materials storage
- Permits/COOs identifying historical uses of the subject property
- Any special requirements per planning / zoning due to potential environmental concerns in the area
- Original construction permit identifying original heat source (natural gas, oil, steam, electric, 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
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In Progress	-	Open	
Denied	-	Closed	
Filled	-	Closed	
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	2-1-17	Deposit	
Ready Date	2-10-17	Balance Due	
Total Pages	14	Balance Paid	
Records Provided			
2-14-17			
- File Complete			
- See attached email			
K. [Signature]		2-1-17	
Custodian Signature		Date	

F.1c - Completed OPRA

cc: Construction
RK
2/1/17
via
emailState of New Jersey Standard
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	Doris	MI		Last Name	Kobza
E-mail Address					
Mailing Address	4 Dedrick Place				
City	West Caldwell	State	NJ	Zip	07006
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	2/1/2017

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☒ 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 Permit Fee Log Detail Report or Permit Activity January 2016
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

FAX

Date: 02/01/2017

Pages including cover sheet: 5

To:	
Phone	
Fax Number	

From:	Angel Heath
	Diamond Realty Associates,
	406 Main Street
	Metuchen
	NJ 08840
Phone	
Fax Number	

NOTE:

59 Charles - OPRA Request

Not located in Matawan.
Located in Aberdeen Township.

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 Angel MI T Last Name Heath

E-mail Address _____

Mailing Address 406 Main St Suite 2

City Metuchen State NJ Zip 08840

Telephone _____ 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 Angel J. Heath Date 02/01/2017

Payment Information

Maximum Authorization Cost \$ 5.00

Select Payment Method

Cash _____ Check X 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.

Subject: 59 Charles St Matawan, NJ 07747

Time Frame Requested: January 2000 - Present

Requesting any violations, tax liens, water/sewer, any outstanding and open permits, etc.

Please email this information to angel@diamondnj.com

Thank you - Angel

AGENCY USE ONLY

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

AGENCY USE ONLY**Disposition Notes**

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

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

AGENCY USE ONLY**Tracking Information**

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

Records Provided _____

Custodian Signature _____

Date _____

State Of New Jersey



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

Maximum Authorization Cost \$ 1.00		
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

Any and all documents and records, including electronically stored information in your possession or control, submitted in relation to the physical structures that are situated on Block Number: 120.01 Lot Number: 3, including but not limited to any plans, proposals, agreements, and correspondence.

980 Hwy 34

RECEIVED

FEB - 2 2017

Borough of Matawan
Clerk's Office

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #		Total
Rec'd Date	2-2-17	Deposit
Ready Date	2-13-17	Balance Due
Total Pages		Balance Paid
Records Provided		

Records Provided

2-2-17
- File complete
- See attached email (P)

In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

Kenneth Wayne Clark 2-2-17
Custodian Signature Date

File - Completed OPRA

cc: Construction
File Prevention

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Joseph MI J Last Name Martucci, Jr

E-mail Address _____

Mailing Address 1 Idlewild Ct

City Aberdeen State NJ Zip 07747

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 Joseph J. Martucci, Jr Date 2/3/2017

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 interested in buying the property at 109 Broad Street in Matawan NJ, 07747 (Lot 8/Block 19) and would like to know if there are building permit records for all construction, plumbing, electrical, HVAC, roofing, siding, hot water heater, natural gas conversion, oil tank removal and certification and if which permits are open or have had final inspections completed.

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 2-3-17
 Ready Date 2-14-17
 Total Pages _____

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

2-10-17
 - File complete
 - See attached email

Karen Wynne
 Custodian Signature

2-3-17
 Date

File - Completed OPRA

cc: Construction
Fire Prevention
Clerk



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



RK
2/3
via
email

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 Brian MI M Last Name Fisher
E-mail Address _____
Mailing Address 1016 Route 34
City Matawan State NY Zip 07747
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 2/2/16

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 the following:

- ① Any open fire violations
- ② Any open permits building, fire, plumbing, Electrical
- ③ Any variances granted to the property

This is in reference to property: 1022 Route 34
Matawan NY 07747

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

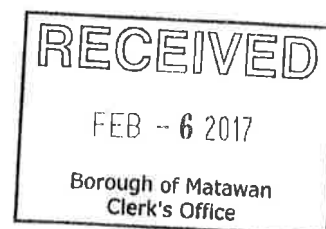
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>2-3-17</u>	Deposit	_____
Ready Date	<u>2-14-17</u>	Balance Due	_____
Total Pages	<u>2-13-17</u>	Balance Paid	_____
Records Provided			
<u>2-13-17</u>			
- File Complete			
- See attached email			
Custodian Signature <u>Karen Wynne Clerk</u>		Date <u>2-3-17</u>	

Karen Wynne

From:
Sent: Friday, February 03, 2017 6:04 PM
To:
Subject: New OPRA - Borough of Matawan submitted on 02/03/2017
Importance: High

02/03/2017

Karen Wynne:



Pursuant to the OPRA, this is a request for a copy of the following records: An electronic copy of any and all employees for years of 2016, (fiscal or calendar year). Each employee record should contain the employer name, employer zip code, year of compensation, first name, middle initial, last name, hire date (mm-dd-yyyy), base salary amount, bonus amount, overtime amount, gross annual wages and position title. This data should be broken down by employer, employee and year.

The principal purpose of this is to make this information more accessible to the public and to access and disseminate information regarding the health, safety, and welfare of the general public. This request is not principally for personal or commercial benefit. Our agency is just exercising the general rights of the public. For these reasons, we are requesting a waiver of fees. If there is a charge for this service, please obtain my approval in writing prior to proceeding with request.

All documents can be e-mailed to _____ or mailed in electronic format (preferred format would be .csv or .xls). If any documents are not provided in the format specified, please provide the state or federal statutes relied upon for that decision. If any record or portion of a record responsive to this request is contained in a record or portion of a record deemed unresponsive to the request, I would like to inspect the entire document. Under the Open Records Act/Freedom of Information Act, all non-exempt portions of any partially-exempt documents must be disclosed. If any records or portions of records are withheld, please state the exemption on which you rely, the basis on which the exemption is invoked, and the name of the individual responsible for the decision.

Thank you for your prompt consideration of my request. If you have any questions, or if I can be of any assistance, please e-mail me at ! _____

Sincerely,

Courtney Cunningham

American Transparency

P.O. Box 970999

Boca Raton, FL 33497-0999

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORMBorough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karon.wynne@matawanborough.com

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 Lynn MI .. Last Name Rampino
E-mail Address _____
Mailing Address 129 Winston Drive
City Matawan State NJ Zip 07747
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 Lynn Rampino Date 2/7/17

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.

Request for any open permits for the following?

- 1) Construction
-
- 2) Building
-
- 3) Electrical
-
- 4) Plumbing

49 Union St.

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>2-7-17</u>	Deposit	_____
Ready Date	<u>2-16-17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>2-14-17</u>			
- File complete			
- See attached email <u>R</u>			
Custodian Signature <u>Karen Wynne</u>		Date <u>2-7-17</u>	

File - Completed OPRA

cc: Construction
Kw
2/10
via
email

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 MARTHA MI T Last Name VOGT
 E-mail Address _____
 Mailing Address 72 BROAD STREET
 City MATAWAN State NJ Zip 07747
 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 2-7-17

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.

WITH REGARD TO 45 NEW BRUNSWICK AVE, MATAWAN (LOT 4, Block 47.02):
 (a) DENIAL LETTER OF ZONING OFFICER STATING THAT GARAGE CANNOT BE BUILT ON DANEMAR DRIVE SIDE OF PROPERTY
 (b) APPLICATION OF HOME OWNER WITH ALL ATTACHMENTS

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

Disposition Notes

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

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

Tracking Information

Final Cost

Tracking # _____ Total _____
 Rec'd Date 2-7-17 Deposit _____
 Ready Date 2-16-17 Balance Due _____
 Total Pages 17 Balance Paid _____
 Records Provided _____

2-15-17

- File complete
 - See attached email

Karen Wynne
 Custodian Signature

2-7-17
 Date

Tracking # _____ Total _____
 Rec'd Date 2-13-17 Deposit _____
 Ready Date 2-23-17 Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided _____

224-190

2-24-17

File complete - see attached email

Karen Dine 2-13-17
 Custodian Signature Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-290-165

Fax: 732-290-7585

File - Completed OPRA

PUBLIC RECORDS

cc: Police
2/14
via email

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 DevlinE-mail Address Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone FAX Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail XIf 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 2/13/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 for the dates listed below. Please email to

Start Date 2/5/2017End Date 2/11/2017

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 2-23-17

Partial Closed

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # Total

Rec'd Date 2-13-17 Deposit

Ready Date 2-23-17 Balance Due

Total Pages Box cover Balance Paid

Records Provided

2-23-17
- File Complete
- see attached email

[Signature] 2-13-17
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
 karen.wynne@matawanborough.com

**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 Oge MI _____ Last Name Udeozo
 E-mail Address _____
 Mailing Address 1806 Newark Turnpike
 City Kearny State NJ Zip 07032
 Telephone _____ FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 2/13/2017

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.

Good Morning,

I would like to request the bid tabulation / Bid Sheet for the Sanitary Sewer Cleaning & TV Inspection Project - Bid date was 1/20/2016.

Thank you in advance for your help.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>2-13-17</u>	Deposit	_____
Ready Date	<u>2-23-17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>2-14-17</u>			
- File complete			
- See attached email @			
[Signature]		<u>2-13-17</u>	
Custodian Signature		Date	

File Completed OPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



cc: Construction
 Property Maint.
 HALL
 2/21/17

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 ANALIA MI - Last Name VACCA
 E-mail Address ANALIA.VACCA@GMAIL.COM
 Mailing Address 867 NO STILES ST
 City LINDEN State NI Zip 07036
 Telephone - FAX -
 Preferred Delivery: Pick Up - US Mail - On-Site Inspect - Fax - E-mail XY
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 2/21/2017

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.

COPIES OF ANY OPEN OR CLOSED PERMITS List of Applications
COPIES OF ANY VIOLATIONS OR FINES FOR EXTERIOR DEBRIS, Property Maintenance
YARD NOT MAINTAINED, SAFETY ISSUES
52 Little St
B17/L2

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 2-21-17
 Ready Date 3-2-17
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
2-24-17
- File complete
- See attached email
[Signature] Clerk 2-21-17
 Custodian Signature Date

File - Completed OPRA

cc: Construction
KW
2/23
via
email



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Jeri MI Last Name Minter
E-mail Address
Mailing Address 230 route 206, Bldg 2, Suite C
City flanders State NJ Zip 07836
Telephone 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 Jeri Minter Date 2/23/2017

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.

All generator permits issued in 2015 and 2016. If that is not available, please send copies of the 2015 and 2016

Permit Activity logs. Thank you.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>223-17</u>	Total	<u> </u>
Rec'd Date	<u>3-6-17</u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>224-17</u> - File Complete - See attached email			
Custodian Signature <u>Karen Wynne</u>		Date <u>2-23-17</u>	

File - Completed OPRA

cc: Construction
Fire Prevention
Kw
2/24
via email



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Rebecca MI A Last Name Fletcher

E-mail Address _____

Mailing Address 3550 W. Robinson Street, 3rd Floor

City Norman State OK Zip 73072

Telephone _____ FAX _____
Pick _____ On-Site _____

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, _____)

If you are requesting records containing person information, please _____
2C: _____

jeopard by method of delivery.

Subject Property: 36 Freneau Avenue, Matawan, NJ (Lot 119, Block 39.02)

AGENCY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Signature _____

In Progress
Denied
Filled
Partial

Under the
of

Karen Wynne
Custodian Signature

Total

Deposit

Balance Paid

Additional depending upon
delivery type.

Extras: Special service charge
dependent upon request.

Construction
2/24/17

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 PETER MI J. Last Name MANERO
 E-mail Address _____
 Mailing Address 963 Holmadel Road
 City Holmadel State NJ Zip 07733
 Telephone _____
 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 Manero Date 2/24/17

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
 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.

Survey ~~is~~ EVEN if it is old.
833 State Rt. 34
Block 107 Lot 10

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>2-24-17</u>	Deposit	_____
Ready Date	<u>3-7-17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>Karen Wynne Clerk</u>		Date <u>2-24-17</u>	

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-290-165

Fax: 732-290-7585

File - Completed OPRA

PUBLIC RECORDS

cc: Portice
2/21/17 (KAW)

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 DevlinE-mail Address Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone FAX Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail XIf 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 2/27/2017

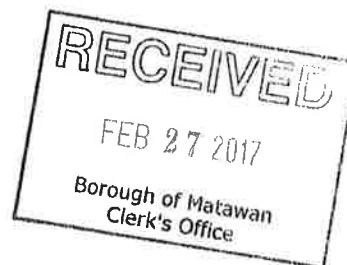
Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order **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 for the dates listed below. Please email to

Start Date 2/19/2017End Date 2/25/2017

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	<u> </u>
Denied	-	Closed	<u> </u>
Filled	-	Closed	<u> </u>
Partial	-	Closed	<u> </u>

AGENCY USE ONLY

Tracking Information

Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>2-27-17</u>	Deposit	<u> </u>
Ready Date	<u>3-8-17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

3-7-17
 - File complete
 - See attached email KAW

<u>[Signature]</u> Custodian Signature	<u>2-27-17</u> Date
---	------------------------

File - Completed OPRA

cc: Construction
3/1/17 (KID)

State of New Jersey Standard
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 Doris MI Last Name Kobza
 E-mail Address
 Mailing Address 4 Dedrick Place
 City West Caldwell State NJ Zip 07006
 Telephone 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 3/1/2017

Payment InformationMaximum Authorization Cost \$ **10.00**

Select Payment Method

Cash ☒ **Check** Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity February 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

cc: Construction
PIC
3/2
via
email

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**

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 _____
 Mailing Address 1256 Liberty Ave
 City Hillside State NJ Zip 07205
 Telephone _____ 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 Carly Kaminsky Date 3/17/17

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 list of permit applications for the installation, removal or the decommissioning of underground storage tanks at: 70 Sutphin Ave Mottawh

Block # 51

Lot # 11

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 3-2-17
 Ready Date 3-13-17
 Total Pages _____
 Records Provided 3-8-17
 - File complete
 - See attached email (B)
 Custodian Signature Karen Wynn Date 3-2-17

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

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-290-165

Fax: 732-290-7585

File - Completed dPRA
PUBLIC RECORDS

cc: Police 3/6/17

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

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08861

Telephone FAX

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

Signature [Signature] Date 3/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 for the dates listed below. Please email to

Start Date 2/26/2017End Date 3/4/2017

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

In Progress Open

Denied Closed

Filled Closed

Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>3-6-17</u>	Total	<u> </u>
Rec'd Date	<u>3-15-17</u>	Deposit	<u> </u>
Ready Date	<u>3-15-17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>3-13-17</u>			
<u>- File Complete</u>			
<u>- See attached email</u>			
<u>[Signature]</u>		<u>3-6-17</u>	
Custodian Signature <u>Clark</u>		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
 201 Broad Street, Matawan, New Jersey 07747
 Karen Wynne, RMC
 (732) 566-3898 ext. 602
 Fax (732) 290-7585
 karen.wynne@matawanborough.com



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 Christopher MI M Last Name LoPresti
 E-mail Address _____
 Mailing Address 1 Grand Court
 City Po Hs Neck State NJ Zip 07722
 Telephone _____
 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 3/6/17

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.

(Consent + Fines) + Building Permits

I Am looking for ALL records related to Removing, Inspecting or ABANDONING two or more in-ground oil tanks ~~at~~ at the address below. Any Record regarding soil contamination or environmental issues ~~at~~ the property below. I was advised that two in-ground tanks were removed approximately 20 years ago. Thank you! (u)

ADDRESS: 833 State Route 34, Matawan, NJ. Block 107, Lot 10 24

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
RECEIVED
 Estimated Balance _____
 MAR 22 2017
 Deposit Date _____
 Borough of Matawan
 Clerk's Office

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 Copy of Open/Closed Permits for UNDERGROUND OR ABOVE GROUND STORAGE TANK REMOVAL OR INSTALLATION
 In Progress ☐ Open ☒
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date 3-6-17
 Ready Date 3-15-17
 Total Pages 2
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
 Permit record for abandon property 3-10-17
 3-6-17
 Custodian Signature _____ Date

*** 3/22/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE COPIES OF THE (2) PERMITS REQUESTED. LYNN

cc: Construction
3/9
K. Wynne

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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

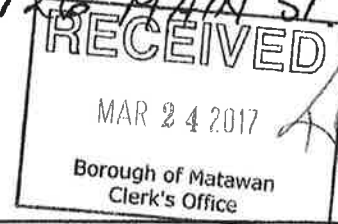
First Name DANIEL MI _____ Last Name ORTEGA
E-mail Address _____
Mailing Address 65 SPRINGFIELD AVE
City SPRINGFIELD State NJ Zip 07081
Telephone _____ FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect ☒ Fax _____ E-mail ☒
If you are requesting records containing personal information, 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 Daniel Ortega Date 3-9-17

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 Application for 126 MAIN ST.
- Copy of ALL Building Permits for 126 MAIN ST.

**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.

3/24/17-

- File complete
- see attached email

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date 3-9-17
Ready Date 3-17-17
Total Pages _____
Records Provided
3/9/17 - received 1 copy of permit
15-00131 - demolition of 2d.
Daniel Ortega
Custodian Signature Clerk
3-9-17 Date

Final Cost
Total 54
Deposit _____
Balance Due 54
Balance Paid 54

File - Completed OPRA
PUBLIC RECORDS

~~cc: Police~~
3/13
v. a
email

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 _____

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

Signature [Signature] Date 3/13/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

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 for the dates listed below. Please email to

Start Date 3/5/2017

End Date 3/11/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost

Total Est. Cost _____

[illegible]

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 3-13-17

Ready Date 5-22-17

Total Pages _____

Final Cost

Total	
-------	--

Deposit

Balance Due

Balance Paid

Records Provided

3-22-17

- File complete

- See attached email.

Karen J. Clark 3-13-17
Custodian Signature Date

File - Completed OPRA
State Of New Jersey

Attn: Karen



OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



cc: Construction
Property Maint.
Prevention
3/15/17
[Signature]

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 Philip MI Last Name Joel

E-mail Address _____

Mailing Address American Tax Reporting - 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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 Philip Joel Date 03/15/2017

Payment Information

Maximum Authorization Cost \$	
Select Payment Method	
Cash	Check
Money Order Fees: Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc.) - actual cost of material Delivery: Delivery / postage fees additional depending upon delivery type. Extras: Special service charge dependent upon request.	

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

Please advise if there are any open code violations or (any open/expired building permits) for the below mentioned property address.

Address: 66 Middlesex Road Matawan NJ 07747
Block: 71
Lot: 11
Ref#: 516516

List of Applications

E

AGENCY USE ONLY

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

AGENCY USE ONLY

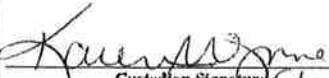
Disposition Notes
Custodian: If any part of request cannot be
delayed in seven business days,
detail reasons here.

3-29-17

- File complete
- Sec attached email
(KW)

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	3-15-17	Deposit	
Ready Date	3-29-17	Balance Due	
Total Pages		Balance Paid	
Records Provided			
See attached email 			
 Custodian Signature		3-15-17 Date	

Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585

karen.wynne@matawanborough.com



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 Stephen Rogers MI _____ Last Name Rogers
E-mail Address _____
Mailing Address _____
City Myrtle Beach State SC Zip 29577
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 3/16/2013

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 Bids Records for Park
Unit Prices - TOTAL Bid
Expenditures
All Sub Charges
To: G. ROGERS & WITHAM. Co., Inc.

All bids received from
Part

- Unit Prices -
- Total Bid
- experiences
- All subs & License

Karen Lynn

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

In Progress	Open	
Denied	Closed	
Filled	Closed	
Partial	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #		Total	
Rec'd Date	3-16-17	Deposit	
Ready Date	3-27-17	Balance Due	
Total Pages		Balance Paid	

Records Provided

3/27/17
- File Complete
- see attached email(s)

Custodian Signature *[Signature]*

3-16-17
Date

File - Completed OPR

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Lynn MI Last Name Bonilla

E-mail Address

Mailing Address 60 Sherwood Rd

City Dumont State NJ Zip 07628

Telephone 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 Lynn Bonilla Date March 14, 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 would like the Health Department records concerning the removal of the "Just Pups" pet store puppies from Husky House in February of 2017.

Old Bridge Township
Middlesex County

Not Matawan Borough
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

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 3-20-17
 Ready Date 3-20-17
 Total Pages
Final Cost
 Total
 Deposit
 Balance Due
 Balance Paid
 Records Provided

Karen Wynne 3-20-17
 Custodian Signature Date

File - Completed OPRA

cc: Construction
3/20
via
email

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 586-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 ANDREW MI _____ Last Name BROWN
 E-mail Address _____
 Mailing Address 7 BEDLE RD
 City HAZLET State NJ Zip 07730
 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 [Signature] Date 3/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
☒ Cash ☐ Check ☐ Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request

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 all permits (open or closed) for Address:
17 Somerset Pl. Matawan, NJ.

- ~~Any and all records pertaining to the house and/or property.~~

* Revised:

List of Applications @

Requesting all permits pertaining to Construction, Zoning, and Environmental Permits open & closed & violations
 Oil Tank Installation/Removal @ As per Mr Brown 3/20/17

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.

3-16-17, 2:43PM
 - Lettman @

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

AGENCY USE ONLY

Tracking Information

Tracking #	Total
Rec'd Date <u>3-20-17</u>	Deposit _____
Ready Date <u>3-29-17</u>	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided
3-27-17
 - File complete
 - See attached email @
 Custodian Signature [Signature] Date 3-20-17

Mar 20 09:43:36 2017 MDT Page 1 of 1

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-290-165

Fax: 732-290-7585

File - Completed OPRA
PUBLIC RECORDS

cc - Police *(Signature)* 3/20/17

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	
----------------	--

Mailing Address 2022 WASHINGTON BLVD

City **ROBBINSVILLE** State **NJ** Zip **08691**

Telephone _____ FAX _____

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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. 1

Signature [Signature] Date 3/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

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 for the dates listed below. Please email to

Start Date 3/12/2017

End Date 3/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY**Disposition Notes**

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

In Progress	☐	Open	
Denied	☐	Closed	
Filled	☐	Closed	
Partial	☐	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #		Total	
Rec'd Date	<u>3-20-17</u>	Deposit	
Ready Date	<u>3-29-17</u>	Balance Due	
Total Pages		Balance Paid	

Final Cost

Total	_____
Deposit	_____
Balance Due	_____
Balance Paid	_____

Records Provided

3/29/17
- File complete
- See attached email (P)

Karen W. Jones 3-20-17
Custodian Signature Date

Karen Wynne

From:
Sent: Thursday, March 23, 2017 7:32 AM
To: karen.wynne@matawanborough.com
Subject: SmartProcure OPRA Request - Reminder for Borough Of Matawan
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Karen or Custodian of Public Records,

SmartProcure submitted an OPRA request on 2017-03-13 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 Borough Of Matawan for any and all purchasing records from 2016-12-12 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
7. What is the beginning of your fiscal year?

The attached document may be helpful as a reference to fulfill this request if the Borough Of Matawan 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:

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

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure

Direct:
Email: www.smartprocure.us

File - Completed OPRA

(c) Construction

3/27
via
email

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 B Last Name VOKES
 E-mail Address _____
 Mailing Address 14 WOODLANDS AVE
 City LAUREL HARBOR State NJ Zip 08879
 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 David B. Vokes Date 3/24/17

Payment Information

Maximum Authorization Cost \$ 20.
 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 A LIST OF APPLICATIONS FOR CONSTRUCTION PERMITS,
 OPEN + CLOSED INCLUDING ELECTRICAL. ALSO ANY PERMITS FOR
 UNDERGROUND STORAGE TANK REMOVAL OR FILLING IN.
 PROPERTY IS 18 COLONIAL DRIVE MATAWAN

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	<u>3-24-17</u>	Deposit	
Ready Date	<u>4-4-17</u>	Balance Due	
Total Pages		Balance Paid	
Records Provided			
<u>4-3-17</u>			
- File complete			
- See attached email			
		<u>3-24-17</u>	
Custodian Signature		Date	



State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM

File - Completed OPRA
Borough of Matawan

201 Broad Street, Matawan, New Jersey 07747

Karen Wynne, RMC

(732) 566-3898 ext. 602

Fax (732) 290-7585

karen.wynne@matawanborough.com

cc: Construction
- Fire Prevention
- Property Main.
R.K.
3/28
via email

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 DAREK MI _____ Last Name CHROSTOWSKI

E-mail Address _____

Mailing Address 250 MATAWAN AVECity MATAWAN State NJ Zip 07747

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XIf 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 03/28/2017

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 ~~information~~ ^{copy of} on any open construction or electrical permits or code ~~into~~ violations for a property at: 298 Matawan Ave, Matawan NJ 07747

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date 3/28/17 Deposit _____
Ready Date 4/6/17 Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

4-6-17
- File complete
- See attached email @Karen Wynne Clerk 3-28-17
Custodian Signature _____ Date _____

File - Completed OPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747

Karen Wynne, RMC
(732) 566-3898 ext. 602

Fax (732) 290-7585

karen.wynne@matawanborough.com



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 Angela MI Last Name Geller
E-mail Address
Mailing Address 145 Freneau Ave
City Matawan State NJ Zip 07747
Telephone FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 3/28/17

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.

I would like to obtain a list of foreclosed homes in Matawan.

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 3/28/17
Ready Date 4/6/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature [Signature]

Date 3-28-17

State of New Jersey Standard
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	Doris	Mi	Last Name	Kobza
------------	-------	----	-----------	-------

E-mail Address

Mailing Address **4 Dedrick Place**

City West Caldwell State NJ Zip 07006

Telephone _____ 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 4/4/2017

Payment Information

Maximum Authorization Cost	\$ 10.00
----------------------------	----------

Select Payment Method

Cash ☒ Check Money Order

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

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

Extras: Special service charge
dependant 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 Permit Fee Log Detail Report or Permit Activity March 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- N.J.S.A. 47:1A-1.1**
 Inter-agency or intra-agency advisory, consultative or deliberative material
 Legislative records
 Law enforcement records:
 Medical examiner photos
 Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 Victims' records
 Trade secrets and proprietary commercial or financial information
 Any record within the attorney-client privilege
 Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
 Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
 Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
 Information which, if disclosed, would give an advantage to competitors or bidders
 Information generated by or on behalf of public employers or public employees in connection with:
 Any sexual harassment complaint filed with a public employer
 Any grievance filed by or against an employee
 Collective negotiations documents and statements of strategy or negotiating
 Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
 Information that is to be kept confidential pursuant to court order
 Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
 Social security numbers

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Elizabeth MI _____ Last Name Hemingshaus
 E-mail Address _____
 Mailing Address 30 Freneau Avenue, Suite 1B
 City Matawan State NJ Zip 07747
 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 Elizabeth Hemingshaus Date 4/6/17

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.

Permits open + closed on 61 Aberdeen Road, Matawan, NJ.
Oil tank Removal permits.
64.01/16

*** 4/10/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE A LIST OF CONSTRUCTION PERMITS FOR 61 ABERDEEN ROAD, BLOCK 64.01, LOT 16. THERE IS NO RECORD OF AN OIL TANK REMOVAL PERMIT. HOWEVER, COMPUTER RECORDS ONLY GO BACK TO 1993.

LYNN

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 # 4-6-17
 Rec'd Date 4-17-17
 Ready Date _____
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Date Paid _____
 Date Received _____
RECEIVED
 APR 10 2017
 Borough of Matawan
 Clerk's Office
Karen Wynne
 Custodian Signature CLK Date 4-6-17

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



Important Notice

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Requestor Information - Please Print

First Name Evan MI P Last Name Zimmerman

E-mail Address _____

Mailing Address 125 Half Mile Road

City Red Bank State NJ Zip 07701

Telephone _____ 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 4/10/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 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 the following documents pertaining to 930 Highway 34, Block 49, Lots 1 & 34, Matawan:

1. Prior Planning or Zoning Board of Adjustment Resolutions of Approval for the existing use of the property;
2. All review letters;
3. Copy of approved plans.

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 4-10-17
 Ready Date 4-20-17
 Total Pages _____

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

4-12-17 Records Provided

File Complete
-SEE attached email

Karen Wynne
 Custodian Signature Click

4-10-17
 Date

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Maling MI 1 Last Name Guha
 E-mail Address _____
 Mailing Address 28 Teamster
 City Red Bank State WJ Zip 07201
 Telephone 609-441-1117 FAX _____
 Preferred Delivery: Pick Up _____ 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 04/11/17

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.

I would like the following related to the property at 91 Aberdeen Rd, Matawan 07747, B64.02/L8
 1) Open and closed construction permits related to foundation repair.
 2) Open and closed permits related to underground oil tank removal.
 3) Open and closed electrical permits.
 4) A list of all open and closed permits. - construction
 5) Documents related to access easements. [Signature]

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	Total		
Rec'd Date <u>4-11-17</u>	Deposit		
Ready Date <u>4-21-17</u>	Balance Due		
Total Pages _____	Balance Paid		
Records Provided			
<u>4-18-17</u>			
- File complete			
- See attached email <u>[Signature]</u>			
Custodian Signature <u>[Signature]</u>		Date <u>4-11-17</u>	

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Ralph MI E Last Name Marsh
 E-mail Address _____
 Mailing Address PO Box 5253
 City Somerville State NJ Zip 08876
 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 [Signature] Date 4/10/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 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.

It has been alleged Christopher McGinty was supplied with controlled dangerous substances while at 133 Morganville Road/Matawan during the 2/6/15-2/7/15 time frame, and that he ingested these controlled dangerous substances to the point of overdose and eventual death. We are requesting copies of the Matawan Police Department's records of any calls they received about any responses they made to, and any investigations they conducted at 133 Morganville Road/Matawan on 2/6/15 and 2/7/15 and the records of any investigations conducted into the death of Christopher McGinty.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>4-12-17</u>	Deposit	_____
Ready Date	<u>4-24-17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>4-17-17</u>			
<u>-File complete</u>			
<u>-Sec attached email</u>			
Custodian Signature <u>[Signature]</u>		Date <u>4-12-17</u>	
Clerk			

complete - OPRA

cc: Construction
Fire Prevention

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 586-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

kw
4/17
via
email

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 Bathy MI Last Name Clarken-Gleason
 E-mail Address See attached email for correct address
 Mailing Address 410 Greenberg Training - 500 Campus Drive
 City Florham Park State NJ Zip 07932
 Telephone FAX
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Date

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please provide copies of building, housing, fire and zoning violations for property located at 90 Main Street, Block 6, Lot 11

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 # 4-17-17
 Rec'd Date 4-26-17
 Ready Date
 Total Pages
Final Cost
 Total
 Deposit
 Balance Due
 Balance Paid
 Records Provided
 Custodian Signature Karen Wynne Clarken Date 4-17-17

Complete - OPRA

cc: Construction

for
4/17
via
email



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747

Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585

karen.wynne@matawanborough.com



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 Jessica MI M Last Name Bakos-Kreher
E-mail Address _____
Mailing Address 48 WICKOFF ST.
City Matawan State NJ Zip 07747
Telephone _____ 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 J Bakos-Kreher Date 4/17/17

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.

all permits - construction, plumbing, electrical
etc. (open & closed)

on 140 Broad Street
Matawan, NJ 07747

List of Applications for:

4-17-17
modified request
as per Requestor
su attached email
(u)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # _____ Total _____
Rec'd Date 4-17-17 Deposit _____
Ready Date 4-26-17 Balance Due _____
Total Pages _____ Balance Paid _____
RECEIVED
APR 21 2017
Borough of Matawan
Clerk's Office
Custodian Signature [Signature] Date 4-17-17

cc: Construction

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, BMC

Karen Wynne, RMC
(732) 566-3898 ext. 602

Fax (732) 290-7585

karen.wynne@matawanborough.com

Important Notice

Important Notice
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Requestor Information - Please Print

Requestor Information - Please Print

E-mail Address

Telephone

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.

① Are there any open permits? If so, please provide copies

② Are there any permits or records of underground
tank removals? If so, please provide copies
1 & 2 pertain to address 109 Broad St, Matawan,
1918

*** 4/21/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE FIND A LIST OF CONSTRUCTION PERMITS FOR 109 BROAD STREET, BLOCK 19, LOT 8. ALL THE PERMITS ARE CLOSED OUT. COMPUTER RECORDS ONLY GO BACK TO 1993. *LYNN*

AGENCY USE ONLY

Est. Document Cost	
Est. Delivery Cost	
Est. Extra Cost	
Total Est. Cost	
Deposit Amount	
Estimated Balance	
Deposit Date	

AGENCY USE ONLY

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

In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____ Total _____

Rec'd Date 4-7-87 Deposit _____

Ready Mail 4027 Balance Due _____

Total Pledge _____ Balance Paid _____

RECEIVED

Records Provided

APR 21 2017

**Borough of Matawan
Clerk's Office**

Custodian Signature *E. E. K.*

4-18-17

Completed - OPRA

cc: Construction



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 586-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Edward Last Name Schultz
E-mail Address _____
Mailing Address 30 Essie Drive
City Matawan State NJ Zip 07747
Telephone _____ FAX _____
Preferred Delivery: Up _____ US Mail _____ 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 punishable offense under the laws of New Jersey, any other state, or the United States.
Signature Edward Schultz Date 4/19/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc.) - actual cost of material
Delivery / postage fees additional depending upon delivery type.
Delivery _____
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.

The buyers would like to confirm that any and all work performed at the subject property meets all Township requirements. Any and all permits and approvals have been satisfied and closed. In addition, Buyers are requesting confirmation that there are no assessments and penalties pending against the property which must be satisfied in advance of sale of property.

30 ESSIE DRIVE 4/19/17

*** 4/21/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE FIND A LIST OF CONSTRUCTION PERMITS FOR 30 ESSIE DRIVE, BLOCK 65.06, LOT 17. THESE PERMITS ARE CLOSED OUT. COMPUTER RECORDS ONLY GO BACK TO 1993.
Lynn

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 4/19/17
Ready Date 4/28/17
Total Pages _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Borough of Matawan
Clerk's Office
Date _____

RECEIVED

APR 21 2017

A list of open and closed permits
construction & tree

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

cc: Police
RK
4/24

PUBLIC RECORDS

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 FirstName MI MI Last Name LastName

E-mail Address _____

Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

Signature [Signature] Date 4/24/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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 for the dates listed below. Please email to _____.

Start Date 4/16/2017End Date 4/22/2017

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 4/24/17Ready Date 5/3/17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

[Signature]
Custodian Signature

4/24/17
Date

cc: Tax Assessor
Clerk 4/24

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Jill MI n Last Name Brody
 E-mail Address _____
 Mailing Address 293 Eisenhower Pkwy #200
 City Livingston State NJ Zip 07039
 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 Jill Brody Date 4/24/17

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
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request

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

I would like to request the property record card and any resolutions for

12 High Street
 Block 5 Lot 4

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 4/24/17
 Ready Date 5/3/17
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
 Custodian Signature [Signature] Date 4/24/17

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 Sandra MI C Last Name Figueiredo
 E-mail Address _____
 Mailing Address 610 J Sewall Ave Apt 9 L
 City Asbury Park State NJ Zip 07712
 Telephone _____
 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 04/27/17

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.

Oil tank Removal Permit
Renovation of Bathroom Permit / or any Renovation
(addition)

Looking to get copies of the above mentioned of this address:
30 Lakeside Dr. Matawan NJ 07747

*** 5/1/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE FIND COPIES OF THE PERMITS REQUESTED FOR 30 LAKESIDE DRIVE, BLOCK 118, LOT 12. COMPUTER RECORDS ONLY GO BACK TO 1993. LYNN

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 ☐

AGENCY USE ONLY

Tracking Information **Final Cost**
 Tracking # _____ Total _____
 Rec'd Date 4/25/17 Deposit _____
 Ready Date 5/1/17 Balance Due _____
 Total Pages _____ Balance Paid _____
RECEIVED
 MAY 2 2017
 Borough of Matawan
 Clerk's Office
[Signature] 4/25/17

Construction
Fire Prevention
Clerk



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Martha MI A Last Name Voigt
E-mail Address _____
Mailing Address 72 Broad St.
City Matawan State NJ Zip 07747
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 Martha Voigt Date 4-27-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

With regard to 218 Washington Ave., Matawan, NJ, Block 74, Lot 3, please provide copies/information of all permit approvals, certificates of occupancy applications and approvals, fire inspection applications and approvals, and variance applications and approvals.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

File - Completed OPR

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



Important Notice

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Requestor Information - Please Print

First Name	Kristin	MI		Last Name	Tallamy
E-mail Address					
Mailing Address	87 Hibernia Avenue				
City	Rockaway	State	NJ	Zip	07866
Telephone					
Preferred Delivery:	Pick Up	US Mail	FAX	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 [Signature] Date 4-28-2017

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.

In search of information pertaining to a property at 58 Main Street, Matawan, NJ (Block 6 Lot 7 owned by Borough of Matawan). Requesting records from environmental or land use departments, fire departments, etc that could have information pertaining to any potential health risks or environmental concerns (leaks, spills, contamination, No Further Action letters, underground storage tanks, monitoring well records etc.) Any Assistance would be appreciated. Thank you

*** 5/9/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE FIND A COPY OF A FRESHWATER WETLANDS APPLICATION PERTAINING TO THE BLOCK & LOT REQUESTED. THERE ARE NO CONSTRUCTION PERMITS FOR UNDERGROUND TANKS, NO FURTHER ACTIONS, ETC. IN THE BLOCK & LOT FILE. (COMPUTER RECORDS ONLY GO BACK TO 1993.) LYNN [Signature]

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:

5-9-17

- File complete
- See attached email

[Signature]

In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	<u>4/28/17</u>	Deposit	
Ready Date	<u>5/9/17</u>	Balance Due	
Total Pages		Balance Paid	
		Records Provided	

[Signature]

RECEIVED

MAY 9 2017

Borough of Matawan
Clerk's Office

[Signature] 4/28/17

Custodian Signature Date

cc: construction

State of New Jersey Standard
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	Doris	MI		Last Name	Kobza
E-mail Address					
Mailing Address	4 Dedrick Place				
City	West Caldwell	State	NJ	Zip	07006
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	5/01/2017

Payment Information

Maximum Authorization Cost \$ 10.00	
Select Payment Method	
Cash	☒ Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity April 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

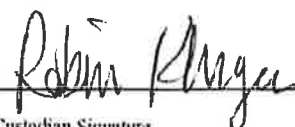
I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <tr> <td>Tracking # _____</td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date <u>5/1/17</u></td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date _____</td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages _____</td> <td>Balance Paid _____</td> </tr> </table> Records Provided _____  Custodian Signature <u>5/1/17</u> Date	Tracking Information	Final Cost	Tracking # _____	Total _____	Rec'd Date <u>5/1/17</u>	Deposit _____	Ready Date _____	Balance Due _____	Total Pages _____	Balance Paid _____
Tracking Information	Final Cost											
Tracking # _____	Total _____											
Rec'd Date <u>5/1/17</u>	Deposit _____											
Ready Date _____	Balance Due _____											
Total Pages _____	Balance Paid _____											
	In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____											

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
 - ☐ Medical examiner photos
 - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
 - ☐ Any sexual harassment complaint filed with a public employer
 - ☐ Any grievance filed by or against an employee
 - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 ANGEL MI T. Last Name HEATH
 E-mail Address _____
 Mailing Address 406 Main St Suite 2
 City Metuchen State NJ Zip 08840
 Telephone _____ 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 Angel Heath Date 04/20/17

Payment Information

Maximum Authorization Cost \$ 5.00
 Select Payment Method
 Cash _____ Check X 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.

Subject: 30 Clinton Street Matawan, New Jersey 07747

Time Frame Requested: January 2000 - Present

Requesting any violations, tax liens, water/sewer, any outstanding and open permits, etc.

Please email this information to angel@diamondnj.com

Thank-you - Angel

tax liens
 water sewer billing
 construction list of applications
 property maintenance / fire code violations

30 Clinton St
Jan. 2000 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 5-2-17
 Ready Date 5-11-17
 Total Pages _____

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

5-11-17
 - File complete
 - See attached email

Karen Wynne
 Custodian Signature

5-2-17
 Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

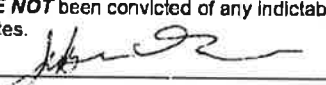
Fax: 732-290-7585

PUBLIC RECORDS

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					
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone			FAX		
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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	5/8/2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order

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 for the dates listed below. Please email to

Start Date 4/30/2017

End Date 5/6/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	5/8/17	Deposit	
Ready Date	5/17/17	Balance Due	
Total Pages		Balance Paid	
Records Provided			
 Custodian Signature		5/8/17 Date	

Karen Wynne

File - Completed OPRA

Rec'd 5-8-17
Duc 5-17-17
Ready & Sent 5-11-17

From: Ford, Andrew
Sent: Monday, May 08, 2017 1:21 PM
Subject: Settlement OPRA

Karen Wynne
Municipal Clerk

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

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

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

Please provide documents in email attachments sent to _____ and the name of your agency in the subject line.

including "Settlement OPRA"

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

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

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

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

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends apply; (2) set forth the reasons for its conclusion that such portion or portions are exempt; and (3) release the remainder of such records, redacting only the portion or portions it claims are exempt.

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

Sincerely,

Andrew Ford
Reporter

Desk: 7

APP.com

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Kevin MI M Last Name Conway
 E-mail Address _____
 Mailing Address 3 Sutton Drive Apt. E1
 City Matawan State NJ Zip 07747
 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 [Signature] Date 5/11/17

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.

List of all construction permit applications for 18 Church Street, Matawan, NJ 07747
 Block 29, Lot 27

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	<u>5-11-17</u>	Deposit	
Ready Date	<u>5-22-17</u>	Balance Due	
Total Pages		Balance Paid	
Records Provided			
Custodian Signature <u>Karen Wynne Clerk</u>		Date <u>5-11-17</u>	

Completed OPRA

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 PATRICK HYNES MI T Last Name HYNES

E-mail Address _____

Mailing Address 5 Bellevue Lane, ~
City Matawan State NJ Zip 07747

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 [Signature] Date 5/11/17

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.

COPIES OF [REDACTED] BUILDING PERMITS & Inspecting RESULTS
AT 218 Washington Ave., Matawan, NJ
Block 74, Lot 3

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 5/11/17
Ready Date 5/22/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

5/11/17
Gave Mr. Hynes copies of
Martha Vogt's OPRA Request for
RA same address RAU

Custodian Signature

Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

File - Completed OPRA
PUBLIC RECORDS

cc: Police
5/15
RLC
via
email

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 _____

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. 1 

Signature [Signature] Date 5/15/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

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 for the dates listed below. Please email to

Start Date 5/7/2017

End Date 5/13/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking information

Tracking #	Total
------------	-------

Rec'd Date 5-15-17 Deposit

Ready Date 5-24-17 Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

5-24-17
- File complete
- See attached email (P)

Kevin W. Jones 5-15-17
Custodian Signature Date

File - Completed OPRA

cc: Police
REC
5/15
via
email

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 586-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matewanborough.com



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 ben MI Last Name Lynovsky
E-mail Address
Mailing Address 50 US Highway 9, Suite 202
City Morganville State NJ Zip 07751
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. 20:28-3, 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.

Motor Vehicle Accident Reports
From 5/8/17 Through 5/14/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date 5-15-17
Ready Date 5-24-17
Total Pages
Records Provided
5-24-17
- File complete
- See attached email
Custodian Signature [Signature] Date 5-25-17

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Vanessa MI MI Last Name Papranika

E-mail Address _____

Mailing Address 33 McCampbell Rd.City Holmdel State MS 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 5/16/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

39 Poet Dr. MATAWAN BLK 123 Lot 59

Requesting ^{copies of} any building and zoning open and closed
 Permits = Also Any ^{construction} violations open or closed from same

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____ Total _____
 Rec'd Date 5/16/17 Deposit _____
 Ready Date 5/25/17 Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

5-23-17

File complete
 - See attached email Karen Wynne

Adam Khyer
 Custodian Signature

5/16/17
 Date

cc: Police
5/22
via
Email
5/31/17
KRM/MS



State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan

201 Broad Street, Matawan, New Jersey 07747

Karen Wynne, RMC

(732) 566-3898 ext. 602

Fax (732) 290-7585

karen.wynne@matawanborough.com



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 Ben MI Last Name Lynovsky

E-mail Address

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

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 [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.

Motor Vehicle Accident Reports
From 5/14/17 Through 5/21/17

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extra Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

In Progress Open

Denied Closed

Filled Closed

Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>5/22/17</u>	Deposit	<u> </u>
Ready Date	<u>6/1/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>5/22/17</u>	

(c.) ~~Property Maintenance~~ *May 5/23 in email*



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

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

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash Check **Money Order**

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

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

Extras: Special service charge
 dependent upon request.

Please attached document for request details

AGENCY USE ONLY

AGENCY USE ONLY	
Tracking Information	Final Cost
Tracking # _____	Total _____
Rec'd Date <u>5-23-17</u>	Deposit _____
Ready Date <u>6-2-17</u>	Balance Due _____
Total Pages _____	Balance Paid _____
Records Provided	
<u>5-24-17</u> - File complete - See attached email 	
<u>Karen Wynne Clark</u> Custodian Signature	<u>5-23-17</u> Date



5-23-17
Date

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 Maximilian MI P Last Name HOGAN

E-mail Address _____

Mailing Address 11 CHARLES ST

City PORTMONMOUTH State NJ Zip 07758

Telephone _____

FAX _____

Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ 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 Maximilian Hogan

Date 5/24/17

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
 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 PERMITS OPEN OR CLOSED ON 136 JACKSON
LIST OF CONSTRUCTION APPLICATION
ST
MATAWAN NJ
INCLUDING ABOVE OR INGROUND OIL TANK REMOVAL OR
INSTALLATION

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 5-24-17

Ready Date 6-5-17

Total Pages _____

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided _____

Karen Wynne
 Custodian Signature

5-24-17
 Date

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Martha MI A Last Name Vogt, Esq.
 E-mail Address _____
 Mailing Address 72 Broad St
 City Matawan State NJ Zip 07747
 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 [Signature] Date 5/12/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

With regard to 18 Church Street, Block 29, Lot 27, please provide copies/information of all permit approvals, certificates of occupancy applications and approvals, fire inspection applications and approvals, and variance applications and approvals. Most pressing is any information regarding the proper decommissioning of an underground tank. I will be calling regarding this issue.

Thank you for your help.

*** 6/7/17 CONSTRUCTION DEPT. AS REQUESTED, ATTACHED PLEASE COPIES OF CONSTRUCTION PERMITS IN THE BLOCK & LOT FILES PERTAINING TO BLOCK 29, LOT 27, 18 CHURCH STREET. ALL PERMITS ARE CLOSED OUT. (COMPUTER RECORDS ONLY GO BACK TO 1993.) LYNN [Signature]

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

	Final Cost
Tracking #	Total
Rec'd Date <u>5/26/17</u>	Deposit
Ready Date <u>6/7/17</u>	Balance Due
Total Pages	Balance Paid

6-7-17
 - File Complete
 - See attached email
[Signature] 5/26/17

cc: Police 5/31/17
et al

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 ben MI --- Last Name Lynovsky
E-mail Address ---
Mailing Address 50 US Highway 9, Suite 202
City Morristown State NJ Zip 07751
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 [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.

Motor Vehicle Accident Reports
From 5/22/17 Through 5/28/17

RECEIVED

MAY 26 2017

Borough of Matawan
Clerk's Office**AGENCY USE ONLY**

Est. Document Cost ---
Est. Delivery Cost ---
Est. Extra Cost ---
Total Est. Cost ---
Deposit Amount ---
Estimated Balance ---
Deposit Date ---

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>---</u>	Total	<u>---</u>
Rec'd Date	<u>5-30-17</u>	Deposit	<u>---</u>
Ready Date	<u>6-8-17</u>	Balance Due	<u>---</u>
Total Pages	<u>---</u>	Balance Paid	<u>---</u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>5-30-17</u>	

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 Paul MI D Last Name Sakson
 E-mail Address _____
 Mailing Address Paul D. Sakson Assoc., Inc., PO Box 154
 City Leonardo State NJ Zip 07737
 Telephone _____ 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 Paul Sakson Date 5/30/17

Payment InformationMaximum Authorization Cost \$ 50

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Any records per the attached list for:
 233 Broad St
 Block 40, Lot 6.01

AGENCY USE ONLY

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

AGENCY USE ONLY**Disposition Notes**

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

6-9-17
 - Clerk's email requested extension on Item 1 to 6-14-17
 (KW)

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

AGENCY USE ONLY**Tracking Information****Final Cost**

Tracking # _____ Total _____
 Rec'd Date 5-31-17 Deposit _____
 Ready Date 6-9-17 Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

6-14-17
 - File complete
 - see attached email (KW)

Karen Wynne 5-31-17
 Custodian Signature Clerk Date

File Completed
OPRA

Karen Wynn @matewanborough.com

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

732-566-3898

732-290-7585

Ext 602

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 _____
 Mailing Address 1256 Liberty Ave
 City Hillside State NJ Zip 07205
 Telephone _____ FAX _____
 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 Carly Kaminsky Date 6/1/17

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.

Please provide a list of permit applications for the installation, removal or the decommissioning of UNDERGROUND STORAGE TANKS at: 10 Monawk Dr, Matewan, NJ 07747

Block # 65.09

Log # 15

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____ Total _____
 Rec'd Date 6-1-17 Deposit _____
 Ready Date 6-12-17 Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

6-12-17
 - File complete
 - See attached email [Signature]
 Custodian Signature [Signature] Date 6-1-17

File - Completed OPRA

cc: Construction
OK
6/2
via
email

State of New Jersey Standard
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	<u>Doris</u>	MI		Last Name	<u>Kobza</u>
E-mail Address					
Mailing Address	<u>4 Dedrick Place</u>				
City	<u>West Caldwell</u>	State	<u>NJ</u>	Zip	<u>07006</u>
Telephone				FAX	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail <u>X</u>
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>6/01/2017</u>

Payment InformationMaximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☒ 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 Permit Fee Log Detail Report or Permit Activity May 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____		Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	<table border="1"> <thead> <tr> <th colspan="2">Tracking Information</th> <th colspan="2">Final Cost</th> </tr> </thead> <tbody> <tr> <td>Tracking #</td> <td>_____</td> <td>Total</td> <td>_____</td> </tr> <tr> <td>Rec'd Date</td> <td>6-1-17</td> <td>Deposit</td> <td>_____</td> </tr> <tr> <td>Ready Date</td> <td>6-12-17</td> <td>Balance Due</td> <td>_____</td> </tr> <tr> <td>Total Pages</td> <td>_____</td> <td>Balance Paid</td> <td>_____</td> </tr> </tbody> </table> Records Provided 6-12-17 - File complete - See attached email _____ Custodian Signature Clerk Date 6-1-17	Tracking Information		Final Cost		Tracking #	_____	Total	_____	Rec'd Date	6-1-17	Deposit	_____	Ready Date	6-12-17	Balance Due	_____	Total Pages	_____	Balance Paid	_____
Tracking Information		Final Cost																					
Tracking #	_____	Total	_____																				
Rec'd Date	6-1-17	Deposit	_____																				
Ready Date	6-12-17	Balance Due	_____																				
Total Pages	_____	Balance Paid	_____																				
In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____																							

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
 - ☐ Medical examiner photos
 - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
 - ☐ Any sexual harassment complaint filed with a public employer
 - ☐ Any grievance filed by or against an employee
 - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Deborah MI C Last Name Citarella
 E-mail Address _____
 Mailing Address 8 Ravine Dr
 City Matawan State NJ Zip 07747
 Telephone _____ 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 Deborah Citarella Date June 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.

Lot 3 Block 28

Please provide

- 1) Property Card - hold (DC)
- 2) oil tank permits or evidence of removal open/closed permits
- 3) Septic tank ~~information~~ installation/removal permits open or Closed
- 4) Zoning the Property has 3 Units 10 years ago change form to 2 units please provide Change Form
- 5) open and closed permits tree, zoning, construction, electric/plumbing

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 6-2-17
 Ready Date 6-13-17
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
6/13/17
- File complete
- See attached email
Karen Wynne
 Custodian Signature Cite Date 6-2-17



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 DYANNA MOON MI _____ Last Name MOON
E-mail Address _____
Mailing Address 697 Valley St
City Maplewood State NJ Zip 07040
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 6.2.17

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.

I am requesting a copy of applications from construction on 2 Wyckoff St in Matawan for the last 30 yrs or as far as your records indicate. Pls email to dmoon@weichert.com. 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		Final Cost	
Tracking #		Total	
Rec'd Date	<u>6-2-17</u>	Deposit	
Ready Date	<u>6-13-17</u>	Balance Due	
Total Pages		Balance Paid	
Records Provided			
<u>6-13-17</u>			
- File complete			
- See attached email <u>EW</u>			
Customer Signature <u>Karen Wynne</u>		Date <u>6-2-17</u>	
Clerk			

Police
email 6/5/17

RF



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

**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 Ben MI --- Last Name Lynovsky
E-mail Address _____
Mailing Address 50 US Highway 9, Suite 202
City Morganville State NJ Zip 07751
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 [Signature] Date _____

Payment Information

Maximum Authorization Cost \$

Select Payment MethodCash ☐ 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
From 5/29/17 Through 6/4/17

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

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

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

Tracking Information

Tracking # _____
Rec'd Date 6/5/17
Ready Date 6/14/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Robin Khay
Custodian Signature

6/5/17
Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

PUBLIC RECORDS

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

Payment Information

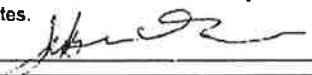
Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

First Name Jeffrey MI Last Name DevlinE-mail Address Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone FAX 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature  Date 6/5/2017

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 for the dates listed below. Please email to

Start Date 5/28/2017End Date 6/3/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # Total
Rec'd Date 6/5/17 Deposit
Ready Date 6/14/17 Balance Due
Total Pages Balance Paid

Records Provided


Custodian Signature

6/5/17
Date

cc: Construction
Fire Prevention
Health

LAW OFFICES
NEAL M. RUBEN

179 AVENUE AT THE COMMON
SUITE 201
SHREWSBURY, NEW JERSEY 07702

MEMBER NJ & NY BARS

June 5, 2017

Borough of Matawan
201 Broad Street
Matawan, New Jersey 07747

Attention: Karen

Re: OceanFirst Bank v. Patrick and Victoria Lautato
7 Lakeland Road, Matawan
Lot 2, Block 55

Dear Karen:

This firm represents OceanFirst Bank in a foreclosure action in the above-referenced matter. The Lender is requesting a certificate from the municipality stating that there are no fines or penalties against the above-property for Fire Code, Health Code or construction violations.

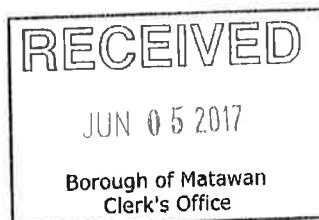
If there are any Fire Code, Health Code or construction violations, please provide a list of any outstanding violations or, in the alternative, provide this office with a letter stating that there are no outstanding violations.

I would greatly appreciate if you would expedite the search. Thank you for your courtesy in this matter.

Very truly yours,

NEAL M. RUBEN

NMR:jmm



cc: Police
6/12
via email

State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

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 BEN MI 1 Last Name Lynovsky
E-mail Address _____
Mailing Address 50 US Highway 9, Suite 202
City Morganville State NJ Zip 07751
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 [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.

Motor Vehicle Accident Reports
From 6/5/17 Through 6/11/17

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>6-12-17</u>	Deposit	_____
Ready Date	<u>6-21-17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>6-12-17</u>	

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

cc: Police
6/12
via email

PUBLIC RECORDS

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 _____

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

Signature [Signature] Date 6/12/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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 for the dates listed below. Please email to :

Start Date 6/4/2017End Date 6/10/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress ☐ Open _____

Denied ☐ Closed _____

Filled ☐ Closed _____

Partial ☐ Closed _____

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____

Rec'd Date 6-12-17 Total _____

Ready Date 6-21-17 Deposit _____

Total Pages _____ Balance Due _____

Balance Paid _____

Records Provided

[Signature] 6-12-17

Custodian Signature Date

12:05 PM
- construction
- property maintenance
- tax assessor

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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	Chris	MI	Last Name	Jones
------------	-------	----	-----------	-------

E-mail Address

Mailing Address **2727 LBJ Freeway Suite 420**

City **Dallas** State **TX** Zip **75234**

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 **Chris Jones** Date **06/15/2017**

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

Fees:	Letter size pages - \$0.05
	per page
	Legal size pages - \$0.07
	per page
	Other materials (CD, DVD, etc) – actual cost of material
Delivery:	Delivery / postage fees
	additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please advise if there are any open code violations; open / expired building permits and liens/special Assessments such as weeds or tall grass .

Address: 42 Wilson Avenue Matawan NJ 07747

Parcel: Block: 119 Lot: 55

Ref#:517822

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 6-19-17
Ready Date 6-28-17
Total Pages

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Karen W. [Signature] 6-19-17
Custodian Signature Clerk Date

Completed OPRA

~~C. P. L. L.~~

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



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 Ben MI Last Name Lynovsky

E-mail Address

Mailing Address 50 US Highway 9, Suite 202

City Morgantown State MD Zip 07757

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 indicable offense under the laws of New
Jersey, any other state, or the United States.

Signature [Signature] Date 6/19/17

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.

Motor Vehicle Accident Reports
From 6/12/17 Through 6/18/17

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	_____
Donated	-	Closed	_____
Filed	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #		Total
Rec'd Date	6-19-17	Deposit
Ready Date	6-28-17	Balance Due
Total Pages		Balance Paid
Records Provided		

_____ 6/19/17
Custodian Signature Date

File - Completed OPRA

CC: 10/15 Clerk
10/12 Prevention
10/12 Property Maint
10/12 Tax Collector
10/12 Construction
1State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORMBorough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com

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 Manuela MI h Last Name Popoteur
 E-mail Address _____
 Mailing Address 521 Ambay Ave
 City Woodbridge State NJ Zip 07095
 Telephone _____ 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 Manuela Popoteur Date 6/22/2017

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 would like any pertinent information to a property located at 347 Forest Ave within the last 10 years regarding: construction @
 - open and closed permits - fire @
 - liens and judgments - tax collector @
 - code violations - property maintenance, fire prevention @
 - water/sewer bills past due - water/sewer @

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 6-23-17
 Ready Date 7-5-17
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
7-5-17
 - File complete
 - See attached email @
 Custodian Signature Karen Wynne Date 6-23-17

Completed - OPRA

cc: police



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
 201 Broad Street, Matawan, New Jersey 07747
 Karen Wynne, RMC
 (732) 566-3898 ext. 602
 Fax (732) 290-7585
 karen.wynne@matawanborough.com

**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 Ben MI Last Name Lynovsky
 E-mail Address
 Mailing Address 50 US Highway 9, Suite 202
 City Morganville State NJ Zip 07751
 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 [Signature] Date 6/26/17

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
 From 6/19/17 Through 6/25/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information
 Tracking #
 Rec'd Date 6/26/17
 Ready Date 7/6/17
 Total Pages
 Records Provided

Final Cost
 Total
 Deposit
 Balance Due
 Balance Paid

[Signature] 6-26-17
 Custodian Signature Date

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

Completed OPRA
PUBLIC RECORDS

cc: Alice

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI Last Name Devlin

E-mail Address

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone FAX

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

Signature [Signature] Date 6/26/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 for the dates listed below. Please email to :

Start Date 6/18/2017End Date 6/24/2017

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

In Progress Open

Denied Closed

Filled Closed

Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>6/26/17</u>	Deposit	<u> </u>
Ready Date	<u>7/6/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>6/26/17</u>	

Good Afternoon,

We are in receipt of the above subject Request which has been forwarded to the appropriate Department(s). Due to the extensive documentation requested, the holiday hours and staffing issues, we respectfully request a five day extension for a Ready Date of July 18.

Should you have any questions, please do not hesitate to contact our office.

Thank you in advance,

Karen

Karen Wynne, RMC
Borough Clerk
Borough of Matawan
201 Broad Street
Matawan, New Jersey 07747
(732) 566-3898
ext. 602
FAX (732) 290-7585
karen.wynne@matawanborough.com

WARNING: Email received or sent to Borough Officials are subject to the Open Public Records Act (OPRA). If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

This message is intended only for the use of the addressees. It may contain privileged and/or confidential information that should not be disclosed under applicable law. If you are not an addressee, or the employee or agent responsible to deliver this message to an addressee, you are notified that any use or dissemination of this message is prohibited, and that you should destroy/delete it immediately and advise the sender. Thank you for your cooperation.

From: Thank You
Sent: Thursday, June 29, 2017 1:35 PM
To: Karen.Wynne@matawanborough.com; Joyce.Jorgensen@MatawanBorough.com
Subject: Matawan Borough

This email is an OPRA Request (N.J.S.A. 47:1A-1 et seq.) The Government Records Council states anyone can do an OPRA request and it can be done anonymously by simply emailing the City Clerk or other custodian of records. The OPRA Request form is just a template and is not a requirement to make an OPRA request.

Link:

[Government Records Council \(GRC\) | How to Request and Get Access to Government Records](#)

The purpose of this request is to obtain public sector job market data, it is not to obtain any personal or sensitive information about employees or appointing authorities. No personal information is requested so things like names, employee numbers or addresses don't need to be included.

Please send all information electronically to _____

I request the following documentation for all current, blue collar, white collar, DPW, Water and Sewer employees where applicable:

1. Date of hire
2. Current title
3. Current salary including all compensation
4. Licenses, certifications, education and other required credentials currently held
5. I request a copy of the required credentials for each job title where applicable
6. I request a copy of your salary guide, wage classification or schedule, or any other current compensation plan, where applicable, if not included in a bargaining agreement.
7. I request a copy of your Union Contract or Collective Bargaining Agreement where applicable.
8. I request the total Number of commercial water and or sewer accounts as well as the total number of residential accounts. Just the total number, nothing else about account information.

Please send all information electronically to _____

Please use _____ for all questions or correspondence.

Completed OPRA

Police email 7/3/17



State Of New Jersey
OPEN PUBLIC RECORDS ACT REQUEST FORM

Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 280-7585
karen.wynne@matawanborough.com



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 Ben MI 7 Last Name Lynovsky
E-mail Address _____
Mailing Address 50 US Highway 9, Suite 202
City Morristown State NJ Zip 07751
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 [Signature] Date 7/3/17

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.

Motor Vehicle Accident Reports
From 6/26/17 Through 7/2/17

RECEIVED

JUL - 3 2017

Borough of Matawan
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 7/3/17
Ready Date 7/13/17
Total Pages _____
Records Provided _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Custodian Signature Robin Khuyen Date 7/13/17

Matawan Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-290-1657

Fax: 732-290-7585

Completed OPRA
PUBLIC RECORDS

cc: Police email 7/5/17

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 DevlinE-mail Address Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone FAX Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail XIf 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 7/3/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order **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 for the dates listed below. Please email to c

Start Date 6/25/2017End Date 7/1/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>7-5-17</u>	Deposit	<u> </u>
Ready Date	<u>7-14-17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>7-5-17</u>	

re: construction
email 7/5/17

State of New Jersey Standard
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 Doris MI MI Last Name Kobza
E-mail Address _____
Mailing Address 4 Dedrick Place
City West Caldwell State NJ Zip 07006
Telephone _____ 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 7/05/2017

Payment InformationMaximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☒ Check Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity June 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extrae Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. <table style="width:100%;"> <tr> <td>In Progress</td> <td>Open</td> <td>_____</td> </tr> <tr> <td>Denied</td> <td>Closed</td> <td>_____</td> </tr> <tr> <td>Filled</td> <td>Closed</td> <td>_____</td> </tr> <tr> <td>Partial</td> <td>Closed</td> <td>_____</td> </tr> </table>	In Progress	Open	_____	Denied	Closed	_____	Filled	Closed	_____	Partial	Closed	_____	<table style="width:100%;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <tr> <td>Tracking # _____</td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date <u>7/5/17</u></td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date <u>7/14/17</u></td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages _____</td> <td>Balance Paid _____</td> </tr> </table> Records Provided _____ RECEIVED JUL 10 2017 Borough of Matawan Clerk's Office Custodian Signature <u>Robin Kluger</u> Date <u>7/5/17</u>	Tracking Information	Final Cost	Tracking # _____	Total _____	Rec'd Date <u>7/5/17</u>	Deposit _____	Ready Date <u>7/14/17</u>	Balance Due _____	Total Pages _____	Balance Paid _____
In Progress	Open	_____																						
Denied	Closed	_____																						
Filled	Closed	_____																						
Partial	Closed	_____																						
Tracking Information	Final Cost																							
Tracking # _____	Total _____																							
Rec'd Date <u>7/5/17</u>	Deposit _____																							
Ready Date <u>7/14/17</u>	Balance Due _____																							
Total Pages _____	Balance Paid _____																							

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
 - ☐ Medical examiner photos
 - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
 - ☐ Any sexual harassment complaint filed with a public employer
 - ☐ Any grievance filed by or against an employee
 - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers

Karen Wynne

From: Karen Wynne <Karen.Wynne@Matawanborough.com>
Sent: Friday, July 07, 2017 1:57 PM
To:
Subject: OPRA Request-SmartProcure OPRA Request Borough Of Matawan For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Good Afternoon,

We are in receipt of the attached Request which has been forwarded to the appropriate Department(s). Please note the Ready Date of July 18, 2017.

Should you have any questions, please do not hesitate to contact our office.

Thank you,

Karen

Karen Wynne, RMC
Borough Clerk
Borough of Matawan
201 Broad Street
Matawan, New Jersey 07747
(732) 566-3898
ext. 602
FAX (732) 290-7585
karen.wynne@matawanborough.com

WARNING: Email received or sent to Borough Officials are subject to the Open Public Records Act (OPRA). If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

This message is intended only for the use of the addressees. It may contain privileged and/or confidential information that should not be disclosed under applicable law. If you are not an addressee, or the employee or agent responsible to deliver this message to an addressee, you are notified that any use or dissemination of this message is prohibited, and that you should destroy/delete it immediately and advise the sender. Thank you for your cooperation.

From:
Sent: Thursday, July 06, 2017 7:44 AM
To: karen.wynne@matawanborough.com
Subject: SmartProcure OPRA Request Borough Of Matawan For PO/Vendor Information

Dear Karen or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Borough Of Matawan for any and all purchasing records

from 2017-04-04 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
7. What is the beginning of your fiscal year?

The attached document may be helpful as a reference to fulfill this request if the Borough Of Matawan 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:

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

Regards,

Curtis Blanding

Data Acquisition Specialist

SmartProcure

Direct:

Support:

Email: c

| www.smartprocure.us

700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

State Of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST FORM



Borough of Matawan
201 Broad Street, Matawan, New Jersey 07747
Karen Wynne, RMC
(732) 566-3898 ext. 602
Fax (732) 290-7585
karen.wynne@matawanborough.com



cc + Construction
 + Fire Prevention
 + Property Maint.
 7/7
 via email

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 Jordan MI MI Last Name Sparacio
 E-mail Address _____
 Mailing Address 4600 S ulster st
 City Denver State CO Zip 80237
 Telephone _____ 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 I HAVE NOT Jordan SParacio Date 7/7/17

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.

I need to know if there are any open code violations on the property at 133 Broad St

133 Broad St
 B 34/L2

- Copy of
- 1) Property maintenance violations
 - 2) Fire Prevention violations
 - 3) List of Construction Applications

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	Total		
Rec'd Date <u>7-7-17</u>	Deposit		
Ready Date <u>7-18-17</u>	Balance Due		
Total Pages	Balance Paid		
Records Provided			
<u>7-18-17</u>			
- File complete			
- See attached email			
Custodian Signature <u>Karen Wynne</u>		Date <u>7-7-17</u>	
Clerk			