To Bldg
8/2/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Karen MI ____ Last Name Hippner

Company Davison, Eastman, Munoz

Mailing Address [redacted]

City [redacted] State [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

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 Aug. 1, 2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Could you please provide me with the following:

License File
Red Rope File
Maps 186-2055 & 182-2052

5125 Winchester Avenue
Ventnor, NJ
Block 100, Lots 18 & 18.01

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.

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPRA 8/4/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name LINDA MI ____ Last Name BUFFINGTON

Company CURREN ENVIRONMENTAL INC

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

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 Linda Buffington Date 8/3/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Property Address:
3 North Newport Ave
Ventnor City NJ 08406
BL 121 Lot 6

Any permits for installation or removal of oil tanks
Any permit for conversion to gas.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

10

8/7/2017 Emailed to Finance

RECEIVED
AUG 3
VENTNOR CITY CLERK'S OFFICE
SIGN:

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Erin MI N Last Name Serpico

Company The Press of Atlantic City

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____

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 Erin Serpico Date 8-3-2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

- A list of names, positions and salaries of all public employees in the city as of present date.
- A list of ~~names~~ & positions of all retirees (public employees) since 2016 (in 2016 & 2017)

If possible, I would like these documents emailed to me.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

RECEIVED
AUG 7, 2017
VENTNOR CITY CLERK'S OFFICE

sent mail not A Record
8/12/17 (SAT)

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Mark MI ____ Last Name Gaston

Company Print Management Solutions

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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

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 Mark Gaston Date 8/4/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of serial numbers on the City's FP Postabse postage machine. Serial Numbers can be found underneath the base of the machine which is the part that has the color touch screen by flipping the base upside down and reading the numbers beginning with EPO. The serial numbers on the feeder can be found in the same manner on the feeder, and those numbers begin with EPF.

Please email the serial numbers to mgaston@printandmailing.net

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Want want to Jenita using wrong fax #

8/16/17

Sent 8/18/17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax __X__ 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 Jenita Burgess Date August 9, 2017

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in July 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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.

8/16/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Renata MI ____ Last Name Stosik

Company Arecon Ltd.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

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 Renata Stosik Date 08/14/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Arecon is conducting a Receptor Evaluation update for a property located at 6 N. Baton Rouge Ave. in Ventnor (Block 92, Lot 1) pursuant to N.J.A.C 7:26E-1.12. As part of the RE update we are required to verify with the local municipality if there are any proposed land use and/or zoning changes for the property and its vicinity (within 200 feet of the property). Please kindly advise in writing. Thank you.

Bld Dept Nothing 8-16-17
Zoning/Planning Nothing 8-16-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

Sent 8/21/17

Bd

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Raymond MI ____ Last Name Preblick

Company Beacon Planning

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ ~~Email/Internet~~ X

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-14-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please see the enclosed letter.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 Amy MI _____ Last Name Han

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Amanda MI N Last Name Hoover

Company NJ Advance Media

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____ or email

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 08/15/17

Payment Information

Maximum Authorization Cost $ ~~20~~

Select Payment Method

Cash ___ Check X Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like record of the amount in dollars the city made in beach tag revenue during the 2016 season. Response via email with the dollar amount is preferred.

2016 Beach Badge Revenue - $261,253.75

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

E-mail 8/21/17

CITY OF VENTNOR CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk

Facsimile 6093476408

RECEIVED AUG 21 VENTNOR CITY CLERK'S OFFICE

Police Fire Bldg.

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 Jim MI ____ Last Name Brennenstuhl

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up x US Mail ____ On-Site Inspect x 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 20 August 2017

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am a Private Detective and the investigator of record for attorney Robert Sandman with respect to an injury to his client, Donna Vetrone, resulting from the collapse of the ceiling at her home during the first week of August 2017 at 412 N Wissahickon Avenue, Ventnor NJ. Please consider this request made under the Open Public Records Act, NJ Right to Know and common law for any records of Police, Fire or Emergency Medical Service contacts with respect to that event; any records of responses by the Police, Fire, Emergency Medical Services for similar events in that area; the response by any employee of Ventnor to the scene for purposes of inspection and response to the event; the Construction Office file maintained for the entire property; and the inspection history for the property maintained by Ventnor including but not limited to Code inspections, Fire Department inspections and related material; any Landlord Registration filed for the property.

Please contact me if you have any questions in this regard. Thank you for your time and attention.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Ventnor City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph. # 609-823-7987 *Fax #* (609) 823-7966

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 Anthony MI S Last Name Cusmano

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 9/08/17

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.

Hello,
Trinity has been contracted by a resident of your town to install a PV KW **Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a survey for the property. We would like to request a survey for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent** 9/08/17 **, Residents name and address as follows:**

Name: Barbuto, Leo
Address: 228 N Wyoming Ave, Ventnor City, NJ 08406
Block: 235
Lot: 7

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance
Anthony Cusmano

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY

9/11/17

Ventnor City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph. # 609-823-7987 *Fax #* (609) 823-7966

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 Anthony MI S Last Name Cusmano

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9/08/17

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.

Hello,
Trinity has been contracted by a resident of your town to install a PV KW **Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a FEC for the property. We would like to request a Flood Elevation Certificate for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent** 9/08/17. **Residents name and address as follows:**

Name: Barbuto, Leo
Address: 228 N Wyoming Ave, Ventnor City, NJ 08406
Block: 235
Lot: 7

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance
Anthony Cusmano

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/11/17

Ventnor City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph. # 609-823-7987 *Fax #* (609) 823-7966

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 Anthony MI S Last Name Cusmano

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9/08/17

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.

Hello,
Trinity has been contracted by a resident of your town to install a PV KW Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a FEC for the property. We would like to request a Flood Elevation Certificate for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent 9/08/17. Residents name and address as follows:

Name: Barbuto, Leo
Address: 228 N Wyoming Ave, Ventnor City, NJ 08406
Block: 235
Lot: 7

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance
Anthony Cusmano

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/11/17

Ventnor City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph. # 609-823-7987 *Fax #* (609) 823-7966

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Requestor Information – Please Print

First Name Anthony MI S Last Name Cusmano

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9/08/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Hello,
Trinity has been contracted by a resident of your town to install a PV KW Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a survey for the property. We would like to request a survey for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent 9/08/17. Residents name and address as follows:

Name: Barbuto, Leo
Address: 228 N Wyoming Ave, Ventnor City, NJ 08406
Block: 235
Lot: 7

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance
Anthony Cusmano

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/15/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Natalie MI ____ Last Name Pierre-Louis

Company SBA Communications

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

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 September 14, 2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

My goal is to gather information regarding new projects that are seeking approval in your area. From my last OPRA Request on July 26, 2017, it was confirmed that there were no new towers that are working their way towards approval or none that have been approved but have yet to start construction. I just like to know whether this information is still true from the time frame of July 27, 2017 to this current date (September 14, 2017)? If so, may I obtain the application, site plans, staff reports, and/or permits for this activity? I am specifically looking for new towers and facilities, not co-locations or upgrades.

As for the medium, I would preferred the documents scanned, emailed, or faxed in an electronic format such as a word or excel document or a PDF file. My fax number is 561.226.0893.

NO New Towers and facilities

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

9/25/17 email

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name THOMAS MI K Last Name RITTER

Company A. E. STONE INC

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/14/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ALL ROAD OPENING PERMIT REQUESTS FOR FREDRICKSBURG AVE. BETWEEN ATLANTIC & VENTOR AVES. FOR THE TIME PERIOD 12/1/12 TO 4/30/16

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

6

RECEIVED
SEP 22, 2017
VENTNOR CITY CLERK'S OFFICE

Called 10/2/17 for pickup Left message

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall, Room 6
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Melinda MI M Last Name Kaplan

Company

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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 Melinda Kaplan Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

City Administrator

1. days working, hours required.
2. pay... including salary from intermediary firm
3. name of intermediary firm
4. resumé ✓
5. job description
6. benefits from the city... health care, etc.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Sent 10/12/17

Rec'd 10/10/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name CINDY MI ____ Last Name PITTS

Company LUCKY DOG CUSTOM APPAREL

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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 Cindy Pitts Date 10.10.17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

V.C. BEACH PATROL BIDS or QUOTES for 2017 SUMMER UNIFORMS.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

16

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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.

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 Jenita Burgess Date October 11, 2017

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in September 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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.

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita Burgess Date October 11, 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

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Extras: Special service charge dependent upon request.

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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.

State of New Jersey

CITY OF VENTNOR CITY

GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Valerie MI ____ Last Name Daberkow

Company EnviroSure, Inc.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect X

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 Valerie Daberkow Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

RE: 6413 Ventnor Avenue

EnviroSure is conducting a Phase I EST at 6413 Ventnor Avenue. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

10/26/17
To Bldg

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Valerie MI ____ Last Name Daberkow

Company EnviroSure, Inc.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect X

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 Valerie Daberkow Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

RE: 0415-0417 Ventnor Avenue

EnviroSure is conducting a Phase I ESA at 0415-0417 Ventnor Avenue. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

10/26/17
To Bldg

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Valerie MI ____ Last Name Daberkow

Company EnviroSure, Inc.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect X

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 Valerie Daberkow Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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Legal Size Pages @$0.07

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Extras: Extraordinary service fees dependent upon request.

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RE: 0415-0417 Ventnor Avenue

EnviroSure is conducting a Phase I ESA at 0415-0417 Ventnor Avenue. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided.

Custodian Signature ____ Date ____

10/26/17
To Bldg

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Valerie MI ____ Last Name Daberkow

Company EnviroSure, Inc.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect X

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 Valerie Daberkow Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

RE: 6415-6417 Ventnor Avenue

EnviroSure is conducting a Phase I ESA at 6415-6417 Ventnor Avenue. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

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 ____
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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Sent 10/26/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Valerie MI ____ Last Name Daberkow

Company EnviroSure, Inc.

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect X

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 Valerie Daberkow Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

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Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

RE: 6413 Ventnor Avenue

EnviroSure is conducting a Phase I ESA at 6413 Ventnor Avenue. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

No Permits on file for underground storage tanks or for anything else
Mc Bld Dept -- - 10/25/2017

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Finance

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name AMANDA MI M Last Name THOMAS

Company BOARDWALK ENTERTAINMENT LLC

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____ EMAIL

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 Amanda Thomas Date 10/25/2017

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash ___ Check ___ Money Order ✓

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any and all correspondance sent or received between 9/15/2017-present, from/to Michael Einwechter and/or Amazing Ventnor and any and all City of Ventnor employees, including administration, commissioners, and mayor, in regards to the Puerto Rico relief benefit concert, AND Ventnor Summer Concerts at Newport Ave Beach.

Any and all correspondance sent or received between 9/15/2017-present, between City of Ventnor employees, including administration, commissioners and mayor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach.

Any and all invoices or bills for service sent to Michael Einwechter and/or Amazing Ventnor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach, issued between 3/1/2017-present

Any and all receipts for invoices or bills for service paid by Michael Einwechter and/or Amazing Ventnor, in regards to the Puerto Rico relief benefit concert, held on AND Ventnor Summer Concerts at Newport Ave Beach issued between 3/1/2017-present.

Any and all applications for special events, land use, open flame permits or any other required permits completed and submitted to the City of Ventnor by Michael Einwechter and/or Amazing Ventnor in regards to Puerto Rico relief benefit concert, AND Ventnor Summer Concerts at Newport Ave Beach, submitted between 3/1/2017-present

Certificate of Insurance provided by Michael Einwechter and/or Amazing Ventnor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach, provided between 3/1/2017-present

All documents are to be copied and emailed to info@boardwalkentco.com or mailed in a flash drive format to the above address.

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

RECEIVED

Custodian Signature Date

BY: N. Kramer

Recd Fin 10/30/2017

10/26/17
Finance, J.M, OEM

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name AMANDA MI M Last Name THOMAS

Company BOARDWALK ENTERTAINMENT LLC

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____ EMAIL

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 Amanda Thomas Date 10/25/2017

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash ___ Check ___ Money Order ✓

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

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Any and all correspondance sent or received between 9/15/2017-present, between City of Ventnor employees, including administration, commissioners and mayor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach.

Any and all invoices or bills for service sent to Michael Einwechter and/or Amazing Ventnor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach, issued between 3/1/2017-present

Any and all receipts for invoices or bills for service paid by Michael Einwechter and/or Amazing Ventnor, in regards to the Puerto Rico relief benefit concert, held on AND Ventnor Summer Concerts at Newport Ave Beach issued between 3/1/2017-present.

Any and all applications for special events, land use, open flame permits or any other required permits completed and submitted to the City of Ventnor by Michael Einwechter and/or Amazing Ventnor in regards to Puerto Rico relief benefit concert, AND Ventnor Summer Concerts at Newport Ave Beach, submitted between 3/1/2017-present

Certificate of Insurance provided by Michael Einwechter and/or Amazing Ventnor in regards to the Puerto Rico relief benefit concert AND Ventnor Summer Concerts at Newport Ave Beach, provided between 3/1/2017-present

All documents are to be copied and emailed to info@boardwalkentco.com or mailed in a flash drive format to the above address.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

ext Req to Nov. 24th 2017

10/31/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name William MI ____ Last Name Snyder

Company Carpenters

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash X Check ____ Money Order ____

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting any & All documents including certified PAY ROLL for the following project.

Bulkhead Install @ Ventnor Garden Plaza

Bid on 4/19/2016

Please Email.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

10/26/2017
To Finance

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 Justin MI _____ Last Name Flood

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] 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 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting Beach Tag Sales and Transaction Data for time period 2017 - 2007 (or as far back as is available)

-AND-

(if applicable) Requesting Municipal Parking Meter and/or Parking Lot Sales and Transaction data for the time period 2017- 2007 (or as far back as is available)

Requesting the data via email in Microsoft Excel (prefered) or PDF format.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/27/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

Dont 11/21/17

Important Notice

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

Requestor Information – Please Print

First Name MARC MI ____ Last Name SILVER

Company ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ***(HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/27/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ALL DOCUMENTS, DETAILS, SPECIFICS EMAILS, TEXTS, PLANS, SPECIFICATIONS RELATIVE TO THE 2017 20.8 MILLION BOND REQUEST

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPRA-JPA |

10/27/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name MARC MI ____ Last Name SILVER

Company ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/27/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

(1) ALL DOCUMENTS TO AND FROM VENTNOR CITY ITS EMPLOYEES & AGENTS & JERSEY PROFESSIONAL MANAGEMENT, DOCUMENTS INCLUDE BUT NOT LIMITED TO, CONTRACTS, SCHEDULES LETTERS, EMAILS, TEXTS, CANCELED CHECKS, INVOICES, ALL PAPER WORK FOR THE PERIOD MAY 1, 2016 UNTIL OCTOBER 26, 2017

(2) ALL PAYMENTS MADE FROM JERSEY PROFESSIONAL MGMT TO CITY ADMINISTRATOR, MAYOR, COMMISSIONERS & ALL VENTNOR EMPLOYEES

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPRA-JPA 1

10/27/17

10/30

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

10/30

Important Notice

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

Requestor Information – Please Print

First Name MARC MI ____ Last Name Silver

Company ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/27/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

(1) ALL DOCUMENTS TO AND FROM VENTNOR CITY ITS EMPLOYEES + AGENTS + JERSEY PROFESSIONAL MANAGEMENT, DOCUMENTS INCLUDE BUT NOT LIMITED TO, CONTRACTS, SCHEDULES LETTERS, EMAILS, TEXTS, CANCELED CHECKS, INVOICES, ANY PAPER WORK FOR THE PERIOD MAY 1, 2016 UNTIL OCTOBER 26, 2017

(2) ALL DOCUMENTS NOW PAYMENTS MADE FROM JERSEY PROFESSIONAL MGMT TO CITY ADMINISTRATOR, MAYOR, COMMISSIONERS + ALL VENTNOR EMPLOYEES

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey

CITY OF VENTNOR CITY

GOVERNMENT RECORDS REQUEST FORM

Sent 11/9

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

The reverse side 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 J. Last Name BOERNER

Company FORENSIC CONSULTANTS OF NORTH AMERICA

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

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 J Boerner Date 11/1/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

FIR REPORT
INVESTIGATION REPORT
POLICE REPORT + ARREST REPORT
FOR INCIDENT ON OCTOBER 18, 2017 OCCURING AT 102 SOUTH OAKLAND AVE.
VENTNOR CITY, NJ. 08406

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

9

Sent 11/17 P.2

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghen@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name ALEXANDRIA MI ____ Last Name ESTRELLA

Company SKYLINE LIEN SEARCH

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

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 Alexandria Estrella Date 11/03/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

PLEASE PROVIDE COPIES OF ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

11 S DUDLEY AVE (BLOCK 60, LOT 6)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

11/2/2017

Sent 11/20/17

Recd 11/3/2017

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name MARC MI ____ Last Name SILVER

Company ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

PLEASE ENCLOSED ATTACHMENT
1. GOVERNMENT RECORDS REQUEST #3
BOND ORDINANCES 2017-035 THRU 042

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall – Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Charles MI ____ Last Name Ciolino

Company Garden State Appaisers & Consultants

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Fax: X Email:X

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/6/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please review our OPRA request for complete Property Record Cards, including square footage, sketches, land calculations, building calculations and the like for the following property(s):

Block: 4, Lot: 2 - 109 South Austin Avenue
Block: 30, Lot: 16 - 116 South Avolyn Avenue
Block: 39, Lot: 12 - 110 South Pittsburgh Avenue

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED
NOV 9
VENTNOR CITY CLERK'S OFFICE
SIGNI

Sent 11/13/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name LINDA MI ____ Last Name BUFFINGTON

Company CURREN ENVIRONMENTAL INC

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

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 Linda Buffington Date 11/9/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

FOR: 227 N. Somerset Ave
Ventnor NJ 08406
BL 200 Lot 19

Any permits for installation or removal of oil tanks.

Any permits for conversion to natural gas. MC Bld Dept

No Permits on file

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

Recd 11/9/2017

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information -- Please Print

First Name Lisa MI ____ Last Name Sauer

Company Partner Engineering

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

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 Lisa Sauer Date ____

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting information regarding underground storage tanks or other fuel oil storage for the property. As we are conducting an environmental due diligence assessment for the following address:

25 North Newport Avenue
Ventnor NJ

Thank you

No permits on file for any work or oil tanks
MC
Bld Dept

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

To Bldg 11/1/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

11/1/17

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

lhand@ventnorcity.org

Important Notice

The reverse side of this ~~form~~ contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name MARK MI ____ Last Name GOLDSTEIN

Company ____

Mailing Address [redacted]

City [redacted] State ____ Zip ____ Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 11/1/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any documents regarding permits/approvals, etc. Drawings

102 S Cambridge Ave,

[redacted] E-mail address

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

11/14/17 #1

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name MARC MI ____ Last Name SILVER

Company ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted] Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

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 [signature] Date 11/14/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.05
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ADVERTISMENTS IN NEWSPAPER TO SATISFY SUNSHINE
REGULATION FOR 1- SPECIAL COMMISSION MEETING 9/28/2017
2. COMMISSION WORKSHOP 10/12/2017
3 COMMISSION MEETING 10/19/2017

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
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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

There is no Correspondence to below said prop. 11-2017 (Bld)

Sent 11/27/17

State of New Jersey
CITY OF VENTNOR CITY
GOVERNMENT RECORDS REQUEST FORM

CITY CLERK'S OFFICE
Ventnor City Hall - Room 5
6201 Atlantic Avenue
Ventnor City, NJ 08406

jcallaghan@ventnorcity.org

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Miller Baum

Company Archer & Greiner, P.C.

Mailing Address [redacted]

City [redacted] State NJ [redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Barbara Miller Baum Date 11/20/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Pages @$0.06
Legal Size Pages @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any and all information with respect to the real property located at 5007 Ventnor Avenue, Unit #2, Block 96, Lot 20, C0002, for the period 1/1/1997 to present, including, without limitation:

1. Correspondence
2. Any information on pending assessments and/or appeals
4. Permits, including but not limited to, zoning, construction, building, electrical and plumbing
5. Permits and/or correspondence related to the design, installation and/or removal of oil tanks, septic systems and/or potable wells
6. Any and all planning and/or zoning board resolutions (approved or denied)
7. Certificate of Land Use Compliance, Zoning Permit or other written confirmation from the administrative officer which acknowledges that such use, structure or building complies with the provisions of the municipal zoning ordinance or variance therefrom, pursuant to NJSA 40:55D-7
8. All Code, Zoning and Property Maintenance violations

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
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AGENCY USE ONLY

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Total Pages ____

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____