Pine Beach Clerk

From: Jack Roberts <opra+request-1037-136d20fd@requests.opramachine.com>
Sent: Thursday, December 7, 2017 2:44 PM
To: OPRA requests at Pine Beach Borough
Subject: Open Public Records Act request - OPRA Requests

Dear Pine Beach Borough,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:
I'm requesting copies of all OPRA requests from September 1, 2017 to December 6, 2017.

Yours faithfully,

Jack Roberts

Please use this email address for all replies to this request:
opra+request-1037-136d20fd@requests.opramachine.com

Is pinebeachclerk@comcast.net the wrong address for Open Public Records Act requests to Pine Beach Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=pine_beach_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

From: ANITA HOLLAND [mailto:ANITALHOLLAND@msn.com]
Sent: Monday, December 04, 2017 8:00 PM
To: pinebeachfinance@comcast.net
Subject: Alliance request

Hi Mary Jane,

Thea gave me your email address as I have a request about financials for the Pine Beach Alliance.
I am a member of the committee.

I would like to see the accounting records of all monies received and spent for the year 2016 and for the year 2017 to date for the Pine Beach Alliance (including any grants that were received)

Please email this info to me ASAP.

Thank you,
Anita Holland
anitalholland@msn.com

Anita L. Holland

RECEIVED
SEP 13 2017

BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

Important Notice

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

Requestor Information – Please Print

First Name DANIEL MI ____ Last Name KLEIN

E-mail Address taxteam@drnds.com

Mailing Address 3240 EAST STATE STREET EXT

City HAMILTON State NJ Zip 08619

Telephone 949-777-5999 FAX 330-319-8600

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

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

Signature DANIEL KLEIN Date 09/11/2017

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.

Hello,

Please provide information on code violation and permit on the following addresses listed below. If there are any open cases, open permit and is this property scheduled for demolition.

ADDRESS: 821 PROSPECT AVE, PINE BEACH, NJ 08741.
OWNER: MOHRMAN DOUGLAS

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

BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

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 STEVE MI ____ Last Name DIMIAN

E-mail Address DMLAWHELP@GMAIL.COM

Mailing Address 1500 ALLAIRE AVENUE SUITE 104

City OCEAN TWP. State NJ Zip 07712

Telephone 732.508.9200 FAX 732.508.9201

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

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

Signature _____ Date 9/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST DMVA REPORTS:

AUGUST 16, 2017 to AUGUST 31, 2017

HAPPY ST. PATRICK'S DAY!!!

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 ____

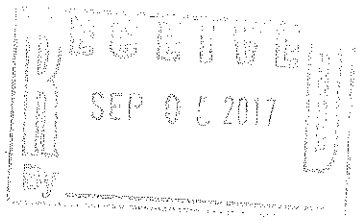
Records Provided

Custodian Signature ____ Date ____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533



PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/27/2017

End Date 9/2/2017

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**

BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

Important Notice

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

Requestor Information – Please Print

First Name Gregory Last Name Sorci

E-mail Address

Mailing Address PO 98

City Bayville State NJ Zip 08721

Telephone 7326888764 FAX 7327697796

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 [signature] Date 9/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

all prior owners of 218 Grant ave
Pine Beach NJ

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED SEP 11 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/3/2017

End Date 9/9/2017

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**

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED
SEP 18 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/10/2017

End Date 9/16/2017

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**

RECEIVED
SEP 19 2017

BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

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 STEVE MI ____ Last Name DIMIAN

E-mail Address DMLAWHELP@GMAIL.COM

Mailing Address 1500 ALLAIRE AVENUE SUITE 104

City OCEAN TWP. State NJ Zip 07712

Telephone 732.508.9200 FAX 732.508.9201

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

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

Signature [signature] Date 9/15/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST DMVA REPORTS:

SEPTEMBER 1, 2017 to SEPTEMBER 15, 2017

HAPPY ST. PATRICK'S DAY!!!

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 ____

Pine Beach Clerk

From: Corwin.Boeding@wellsfargo.com
Sent: Friday, September 15, 2017 1:37 PM
To: undisclosed-recipients:
Subject: Vacant Property

Hello,
My name is Corwin Boeding from Wells Fargo in the Vacant Property Registrations Division. And I'm inquiring if your municipality has passed any type of vacant property ordinance in addition to the State of New Jersey ordinance, where Wells Fargo needs to register vacant/foreclosed properties with the municipality. If so I would like to request a copy of the ordinance and Registration forms required for compliance. If your municipality has an ordinance such as this Wells Fargo requires a 2014 W9 to issue payments.

Thank you
Corwin Boeding
Research/Remediation Analyst II
Property Preservation

Wells Fargo Home Mortgage| 1 Home Campus | Des Moines IA 50328
PH 515-398-3871 F 866-359-7181

corwin.boeding@wellsfargo.com

State of New Jersey Standard

Open Public Records Act Request Form

Important Notice

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

Requestor Information – Please Print

First Name **Doris** MI _____ Last Name **Kobza**

E-mail Address **Permit@NJPella.com**

Mailing Address **4 Dedrick Place**

City **West Caldwell** State **NJ** Zip **07006**

Telephone **973-852-6538** FAX **866-396-9931**

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

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

Signature _____ Date 12/04/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity November 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

On November 29, 2017 at 2:01 PM Pine Beach Clerk <pinebeachclerk@comcast.net> wrote:

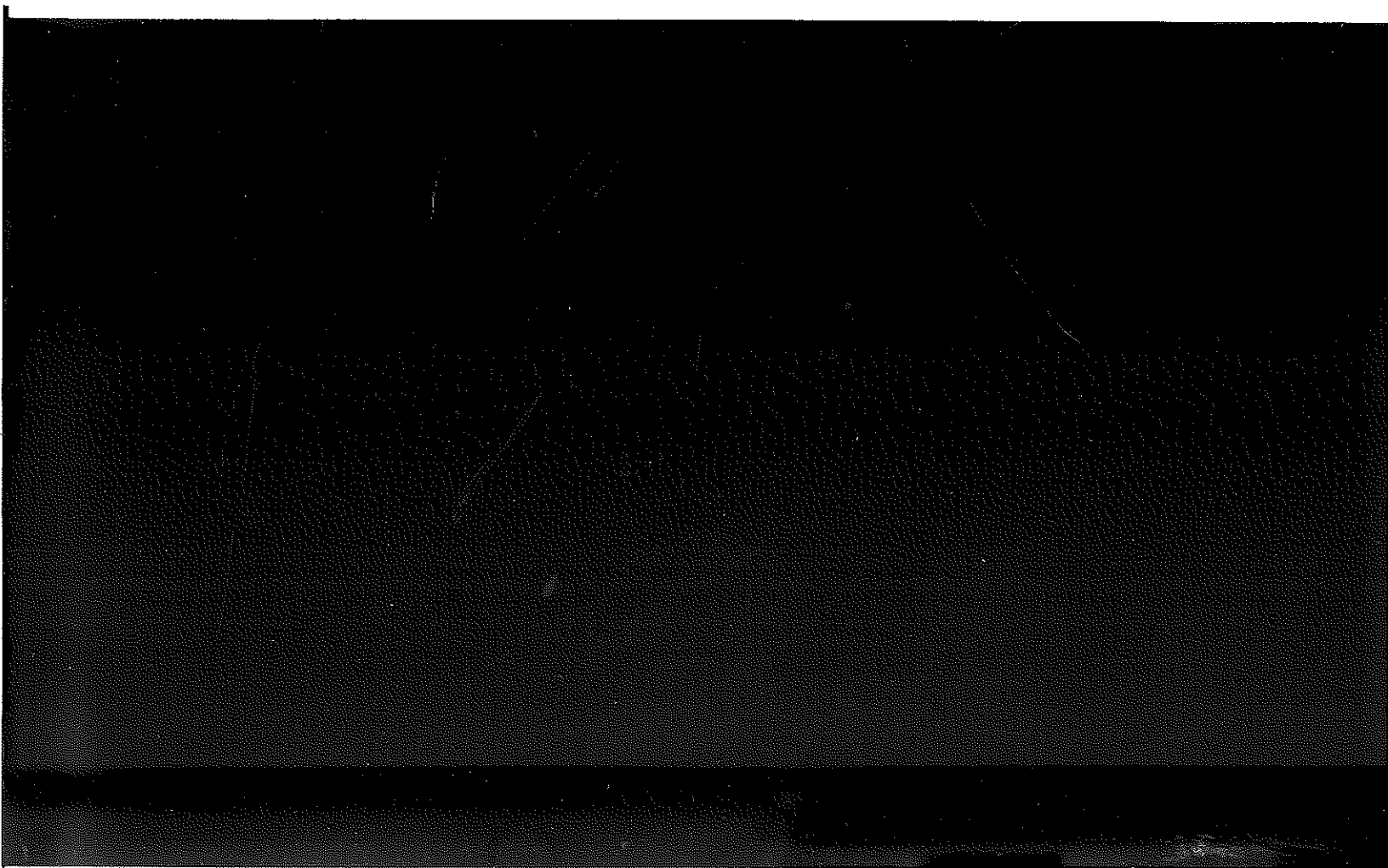
From: Dana Dillon [mailto:Dana.Dillon@title365.com]
Sent: Wednesday, November 29, 2017 11:10 AM
To: pinebeachclerk@comcast.net
Subject: 824 Pennsylvania Avenue

Good morning:

Please advise if the tax certificate of 12-00001 and 16-00001 have been redeemed and are just needing to be recorded. I am attempting to clear a title on this property.

Thank you.

Dana Dillon | DIL Coordinator



BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

Important Notice

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

Requestor Information – Please Print

First Name Nicole MI _____ Last Name Huber

E-mail Address Nicole.Huber@Redfin.com

Mailing Address 50 Harrison Street, 303

City Hoboken State NJ Zip 07030

Telephone 609-757-1456 FAX _____

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

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

Signature Nicole Huber Date 12/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please send all closed permits for electric, plumbing & construction from the last 5 years for the sale of a property.

Property:
636 Springfield Ave.
Pine Beach, NJ 08741
Block 33, Lot 34.01

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 _____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/27/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/19/2017

End Date 11/25/2017

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 _____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/12/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature **Date**

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED
NOV 13 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/5/2017

End Date 11/11/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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 _____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

REV 0 C 2017

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/29/2017

End Date 11/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED OCT 30 2017

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/22/2017

End Date 10/28/2017

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**

Pine Beach Clerk

From: Gavin Rozzi <opra+request-29-975c4e64@requests.opramachine.com>
Sent: Monday, October 30, 2017 12:43 PM
To: OPRA requests at Pine Beach Borough
Subject: Open Public Records Act request - Police use of force reports, January - October, 2017

Dear Pine Beach Borough,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message. Please respond electronically to this address and not via postal mail.

Records requested:

1 . Please provide copies of all of your police department's Use of Force Reports that were created from from January 1, 2017 to October 30th, 2017.

2. Please also provide your police department's Police Use of Deadly Force Attorney General Deadly Notification Reports filed for the same time period (January 1, 2017 to October 30th, 2017).

Yours faithfully,

Gavin Rozzi

Please use this email address for all replies to this request:
opra+request-29-975c4e64@requests.opramachine.com

Is pinebeachclerk@comcast.net the wrong address for Open Public Records Act requests to Pine Beach Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=pine_beach_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Hide Ad

OPRA Request (1523.OCEAN_PINE BEACH BORO)

Larry Higgins 10/21/2017 11:26 AM

To pinebeachclerk@comcast.net

1 attachment View Open in browser Download

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.
The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra (http://www.stateinfoservices.com/opra)
We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.
You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.
1.b) The date the tax maps were last modified/updated.
1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.
2.b) The date the zoning map(s) was last modified/updated.
2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

3.a) What is the Engineers Company Name, Email, and Phone Number?

NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra (http://www.stateinfoservices.com/opra)

If you have any questions, please email ORPA@NJPropertyRecords.com (mailto:ORPA@NJPropertyRecords.com) –
PHONE CALLS WILL NOT BE ACCEPTED
Thanks,
Larry Higgins
OPRA@NJPropertyRecords.com (mailto:OPRA@NJPropertyRecords.com)

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED
OCT 23 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/15/2017

End Date 10/21/2017

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 _____

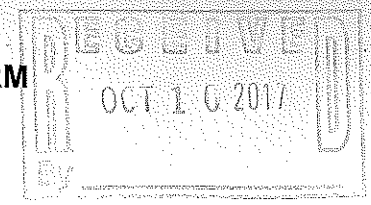
Records Provided

Custodian Signature **Date**

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533



PUBLIC RECORDS

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature **Date**

Chris Dehnz CTC <pbtaxcollector@comcast.net> 10/19/2017 10:29 AM

Re: Tax Status Request

To John Vovak <jvovak@gmail.com>

I HAVE ATTACHED A COPY OF THE ACCOUNTS FOR 2016-2017 AS YOU REQUESTED. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME.

> On October 18, 2017 at 9:46 AM John Vovak <jvovak@gmail.com> wrote:
>
> Hello,
>
> I sent in a record request form last Friday evening to the Pine Beach municipal court. I hadn't heard back so I contacted the court this morning—they gave me your email address. Please see the attached record request form. Just need the information requested—don't need a seal or certification.
>
> Thanks!
> John Vovak
> Priority Record Retrieval
> (586) 610-6158

- 100 BUHLER.pdf (14 KB)
- 154 BUHLER.pdf (14 KB)
- 204 BUHLER.pdf (15 KB)

ATTN TAX COLLECTOR

Judiciary Request Form

Request Date	Preferred Delivery
10/13	☐ Pick Up ☐ US Mail
Request Needed By	☐ On Site Inspection ☐ Fax ☒ Email

Part A: Requestor Identification

Last Name	Middle Initial	First Name
Priority Record Retrieval / John Vovak		

Address	Daytime Telephone (Include area code)
144 Edison Road	(586) 610-6158 ext.

City	State	Zip Code	Fax/Email (optional)
Cherry Hill	NJ	08034	(856) 266-9478 / jvovak@gmail.com

Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

County _____
Division Tax Collector
☐ Superior Court Clerk's Office

☐ Appellate Division Clerk's Office
☐ Supreme Court Clerk's Office
☐ Tax Court Clerk's Office

☐ Office of the Administrative Director
☐ Municipal Court Pine Beach
☐ Other _____

Part C: Case Identification

Case Name	Docket/Complaint/Ticket Number*

*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information:

Defendant Name and alias(es), if any	Defendant Birth Date	Last 4 digits of Defendant's Social Security Number

Indictment/Arrest Date	Indictment/Accusation/ Complaint/Municipal Number	Appeal Number	Sentencing Date	Name of Sentencing Judge

Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

Looking for total tax property tax liability for 2016, whether it was paid in full, total 2017 liability, 2017 liability paid-to-date, and remaining 2017 property tax liability for the following properties.

Block/Lot - Address
1. 99/3 - 154 Buhler Ave
2. 99/1 - 100 Buhler Ave
3. 99/302 - 204 Buhler Ave

Part E: Copy Fees

Copy Fees:	Special Copy Requests - **Additional fees will be charged**		Are you a named party or attorney in this case?
5¢ per page letter size	☐ Seal only	☐ Certified without Seal	
7¢ per page legal size	☐ Certified with Seal	☐ Exemplified (includes Seal)	☐ Yes ☐ No

For Judiciary Use Only

Disposition	Disposition Date
☐ Delivered ☐ Denied ☐ Unavailable	

If request is denied or records are unavailable, explain here. Attach additional pages if necessary.

BOROUGH OF PINE BEACH

OPEN PUBLIC RECORDS ACT REQUEST FORM

599 Pennsylvania Ave., Pine Beach, NJ 08741
Main Office: 732-349-6425 Fax: 732-240-0533
pinebeachclerk@comcast.net
Charlene Carney, RMC/MMC

OCT 12 2017

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 Matthew MI A Last Name Poloski

E-mail Address MPoloski@gmail.com

Mailing Address 12 Deer Lane

City Jackson State NJ Zip 08527

Telephone 732-691-1936 FAX

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

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

Signature [signature] Date 10-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

905 New Jersey Ave. Pine Beach NJ

I need to obtain any open or closed permits documentation for above Property. There was an addition added, and would like to validate information.

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 # ____
Recd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

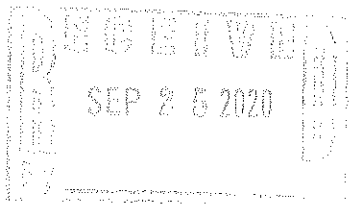
Records Provided

Custodian Signature ____ Date ____

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533



PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/17/2017

End Date 9/23/2017

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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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**

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/24/2017

End Date 9/30/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ **Custodian Signature**

_____ **Date**

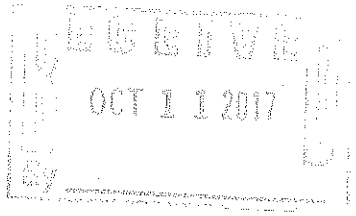
Personal <monicamarielopez2@gmail.com> 10/11/2017 11:14 AM

Open request

To pinebeachbzl@comcast.net

Hello,
I am requesting the complete permit history of:
819 Lincoln Ave.
Pine Beach, NJ 08741

From: 1985- 2017



Monica M. Lopez
908-693-4009
Current Home address: 1210 Newton Ave
Haddon Township, NJ 08107

Business Address:
700 Crescent Pl.
Ste 3
Sea Girt, NJ 08750

Sincerely,
Monica M. Lopez
908-693-4009

ne Beach Clerk

From: dan@datarole.com
Sent: Monday, September 25, 2017 8:16 AM
To: pinebeachclerk@comcast.net
Subject: Pine Beach borough Building Permits - Public Records Request

Dear Charlene Carney,

NJ.8741.10797

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

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

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com

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

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

DEC 6 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 12/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/26/2017

End Date 12/2/2017

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 _____

Pine Beach Clerk

From: Gavin Rozzi <opra+request-29-975c4e64@requests.opramachine.com>
Sent: Monday, October 30, 2017 12:43 PM
To: OPRA requests at Pine Beach Borough
Subject: Open Public Records Act request - Police use of force reports, January - October, 2017

Dear Pine Beach Borough,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message. Please respond electronically to this address and not via postal mail.

Records requested:

1 . Please provide copies of all of your police department's Use of Force Reports that were created from from January 1, 2017 to October 30th, 2017.

2. Please also provide your police department's Police Use of Deadly Force Attorney General Deadly Notification Reports filed for the same time period (January 1, 2017 to October 30th, 2017).

Yours faithfully,

Gavin Rozzi

Please use this email address for all replies to this request:
opra+request-29-975c4e64@requests.opramachine.com

Is pinebeachclerk@comcast.net the wrong address for Open Public Records Act requests to Pine Beach Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=pine_beach_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Pine Beach Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-349-6425 Fax: 7322400533

RECEIVED
OCT 16 2017

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/8/2017

End Date 10/14/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

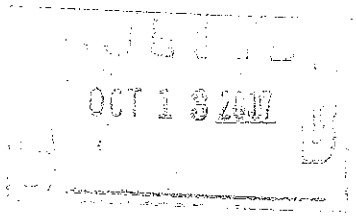
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

608 Linden Ave.
Pine Beach, N.J. 08741
October 9, 2017

Mr. Kevin D. Simon
Pine Beach Zoning Officer
and Code Enforcement
599 Pennsylvania Ave.
P O Box 425
Pine Beach, NJ 08741



Dear Mr. Simon,

As you are aware, the Pine Beach Zoning and Code Enforcement records are public records. With Knowledge of this fact, I am requesting, as per the Open Public Record Act or OPRA, all records for the past two years in which zoning permits have been requested and/or granted prior to or following repairs (emergency or non-emergency) for damage to a shed roof and repairs were required by the property owner. Please provide me these records no later than close of business Friday, October 13, 2017.

Respectfully,

Juan Munoz