TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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

Requestor Information – Please Print

First Name Tammy MI ____ Last Name Cienki

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 1467 Union Valley Rd (Weichert Realtors)

City West Milford State NJ Zip 07480

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Tammy Cienki Date 2/22/18

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

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.

7 Thompson St Newton Blk 7.3 Lot 18
Looking for information about oil spill on Property
Home is for Sale and I can not located information
through NJ-DEP or Sussex County
Trying to Get direction

RECEIVED
FEB 23 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 38-2018
Rec'd Date 2/23/18
Ready Date 3/6/18
Total Pages 1

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

M. Estevera
Custodian Signature

3/6/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

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Requestor Information – Please Print

First Name Michael MI C Last Name Smith

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 6404 International Parkway Suite 1000

City Plano State TX Zip 75093

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 2-22-18

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

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, I am requesting a copy of the any open violation notices and liens or fines against the following property:
916 Maple Ave
Newton, NJ 07860
Please email that information to me at Michael.Smith@Altisource.com
Thank you.

RECEIVED
FEB 23 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 37-2018
Rec'd Date 2/23/18
Ready Date 2/23/18
Total Pages 0

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

Property not in Newton

[signature] 2/23/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name Michael MI C Last Name Smith

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 6404 International Parkway Suite 1000

City Plano State TX Zip 75093

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 2-22-18

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

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, I am request a copy of any open violation notices and liens or fines against the following property:
972-974 Bergen St.
Newark, NJ 07112
If there are no violations or liens,please advise me of that. My email is Michael.Smith@Altisource.com
Thanks

RECEIVED
FEB 23 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 36-2018
Rec'd Date 2/23/18
Ready Date 2/23/18
Total Pages 8

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

Property in Newark not Newton

M. Estrow
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

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opra@newtontownhall.com
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Requestor Information – Please Print

First Name William MI R. Last Name Fenwick, Esq.

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 5 Mae Court

City Park Ridge State NJ Zip 07656

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 2/17/2018

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash Check X Money Order

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

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.

The names and addresses of all individuals receiving the New Jersey Annual $250 Property Tax Deduction for Veterans residing within the Town of Newton.
The names and addresses of all individuals receiving the New Jersey Property Tax Exemption for Disabled Veterans residing within the Town of Newton.
The names and addresses of all individuals who possess a license for a dog or a cat who reside in the Town of Newton.

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NEWTON TOWN CLERK

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 35-2018
Rec'd Date 2/22/18
Ready Date 3/1/18
Total Pages 3

Final Cost
Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

[signature] 3/1/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name Joanne MI ____ Last Name Sorrentino

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 93 Main Street, Suite 101

City Newton State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 2/5/18

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

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

Extras: Special service charge dependent upon request.

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

1. Please provide any open or closed permits for 162 Main Street, Newton, NJ Lot 11, Block 7.11 Present owner Joseph & Renee Cece

2. Please provide a copy of the landlord registration for the property located at 162 Main Street, Newton, NJ

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FEB 20 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 34-2018
Rec'd Date 2/20/18
Ready Date 2/20/18
Total Pages 10

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

Custodian Signature _____ Date 2/20/18

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

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Requestor Information – Please Print

First Name Annie MI ____ Last Name Baran

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 1204 Schmidt Ave

City Union State NJ Zip 07083

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Annie Baran Date 2-18-18

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

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.

50 Diller Ave, Newton NJ 07860
Block: 18.02 Lot: 12.

Please send property record card, This information is use for appraisal purpose.

Thank you.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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FEB 20 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 33-2018
Rec'd Date 2/20/18
Ready Date 2/20/18
Total Pages 1

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

M. Estremera Custodian Signature 2/20/18 Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
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opra@newtontownhall.com
Lorraine A. Read, RMC

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Requestor Information – Please Print

First Name Judy MI Last Name Golland

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 17 OAKWOOD TRAIL

City SPARTA State NJ Zip 07871

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

Preferred Delivery: Up _____ US Mail _____ 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 Judy Golland Date 2/13/18

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

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

Extras: Special service charge dependent upon request.

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

1) PROPERTY RECORD CARD for 127 HIGH STREET
2) OPEN/closed PERMITS for 127 HIGH STREET
3) CODE VIOLATIONS (OPEN) for 127 HIGH STREET

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FEB 14 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 32-2018
Rec'd Date 2/14/18
Ready Date 2/20/18
Total Pages 5

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid faxed

Records Provided

M. Estevez
Custodian Signature

2/20/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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Requestor Information – Please Print

First Name Jason MI T Last Name Parillo

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 82 Autumn St

City Lodi State NJ Zip 07644

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1 FAX —

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

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

Signature _____ Date 2/14/18

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

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.

Opened / closed permits on 7 Madison St, Newton.

RECEIVED
FEB 14 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

osit 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 # 31-2018
Rec'd Date 2/14/18
Ready Date 2/26/18
Total Pages 8

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid emailed

Records Provided

Custodian Signature _____ Date 2/26/18

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name MARK MI ____ Last Name SNOLEN

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 65 GUNN RD

City BRANCHVILLE State NJ Zip 07826

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1 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 2/13/18

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

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.

MULHERN
MSV-3-2007
memorialized 6/20/2007
MINOR SUBDIVISION APPROVAL
w/13 variances

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 # 30-298
Rec'd Date 2/13/18
Ready Date 2/13/18
Total Pages 6

Final Cost

Total $0.30
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

M. Estwell
Custodian Signature

2/13/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

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opra@newtontownhall.com
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Requestor Information – Please Print

First Name WAYNE MI T. Last Name McCABE

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 125 HIGH ST.

City NEWTON State N.J. Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1 FAX —

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X 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 2/12/18

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

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

Extras: Special service charge dependent upon request.

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

ANY & ALL – CONSTRUCTION DEPT. FILES & PLANNING BD. FILES → To view only

FORMER NEWCO, INC. INDUSTRIAL COMPLEX
FORMOR BLOCK 1309 – LOT 2
9 HICKS AVE

RECEIVED
FEB 12 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
D[illegible]t 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 # 29-2018
Rec'd Date 2/12/18
Ready Date 2/16/18
Total Pages 2

Final Cost

Total $ 6.12
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

M. Esten 2/16/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name Andrey MI ____ Last Name STRUSEVICH

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 6 Clive pl

City Newton State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1 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 2/12/2018

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

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'd like to see permits issued for additions was done at 6 Clive place in Newton

RECEIVED
FEB 12 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # #28-2018
Rec'd Date 2/12/18
Ready Date 2/13/18
Total Pages 1

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

[signature] 2/13/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

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 Ginny MI _____ Last Name Schouten

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 216 E Broadway

City Monticello State New York Zip 12701

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature Ginny Schouten Date February 2, 2018

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

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 e jeopardized by such method of delivery.

Looking for Permit Activity Report for January 2018.

RECEIVED
FEB 05 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 27-2018
Rec'd Date 2/5/18
Ready Date 2/5/18
Total Pages 1 file

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid emailed

Records Provided

M. Estrella 2/5/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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

Requestor Information – Please Print

First Name JOHN MI C Last Name NUSS

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 55-57 HIGH ST

City NEWTON State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 John C Nuss Date 1-22-18

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

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 FORWARD ME A COPY VIA EMAIL (JCNUSS@HOTMAIL.COM) OF THE PILOT AGREEMENT BETWEEN THE TOWN OF NEWTON & THORLABS, 56 SPARTA AVE, NEWTON, NJ. PLEASE ADVISE IF THERE IS ANY CHARGE.

THANK YOU

John C Nuss

RECEIVED
FEB 05 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 26-2018
Rec'd Date 2/5/18
Ready Date 2/12/18
Total Pages 98

Final Cost

Total ____
Deposit NC
Balance Due ____
Balance Paid Email

Records Provided

M. Estevez 2/12/18
Custodian Signature Date

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 [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address **4 Dedrick Place**

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

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 2/02/2018

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 January 2018
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**

OPRA # 25-2018
2/5/18
YM. Estremera
N/C emailed

RECEIVED
FEB 05 2018
NEWTON TOWN CLERK

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Jack MI R Last Name Beierle

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 13 A Main St suite #2

City Sparta State NJ Zip 07871

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Jack Beierle Date 2/2/18

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

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 ~~building history report~~ building open/closed permits and any open code violations at:

119 West End Ave

Block: 1.02

Lot : 14

Property Record Card

RECEIVED
FEB 02 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 24-2018
Rec'd Date 2/2/18
Ready Date 2/13/18
Total Pages 18

Final Cost

Total N/C
Deposit
Balance Due
Balance Paid

Records Provided

M. Estrus
Custodian Signature

Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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

Requestor Information – Please Print

First Name John Mancini

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 1121 Bristol Road
Mountainside, NJ 07092

City [redacted] Redacted per N.J.S.A. 47:1A-1.1

Telephone

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 2-1-18

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of the Monthly Permit Fee LOG for all building construction permits issued from Jan 1 to Jan 31, 2018

A Sample report can be supplied upon request.

RECEIVED
FEB 01 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 23-2018
Rec'd Date 2/1/18
Ready Date 2/5/18
Total Pages 1 file

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

M. Estremera
Custodian Signature

2/5/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 RAJIV MI _____ Last Name DHARIA

E-mail Address [Redacted per N.J.S.A. 47:1A-1.1]

Mailing Address 25 Route 206 South

City Stanhope State NJ Zip 07874

Telephone [Redacted per N.J.S.A. 47:1A-1.1] FAX _____

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

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

Signature _____ Date 2/1/18

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

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.

Minutes of Meeting (Newton Dunkin Donuts)
Block 18.02 Lot 16
65 Sparta Ave June 11, 2015

RECEIVED
FEB 01 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 22-2018
Rec'd Date 2-1-18
Ready Date 2-1-18
Total Pages 12

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

M. Estes 2/1/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Stephanie MI ____ Last Name Wendling

E-mail Address [Redacted per N.J.S.A. 47:1A-1.1]

Mailing Address 5523 Berkshire Valley Rd

City Oak Ridge State NJ Zip 07438

Telephone [Redacted per N.J.S.A. 47:1A-1.1]

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

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

Signature [signature] Date 1/31/18

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

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 ferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not aopardized by such method of delivery.

Please email the following information for 32 Townsend St.
Block # 15.0
Lot # 13

All building permits from 1900 to present
All plumbing permits from 1900 to present
All Electrial permits from 1900 to present
Also any information/certificate regarding oil tank removal, install, decommissioned/abandoned oil tanks.

Thank you.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

RECEIVED
JAN 31 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 21-2018
Rec'd Date 1/31/18
Ready Date
Total Pages 2/9/18

Final Cost

Total
Deposit N/C
Balance Due
Balance Paid email

Records Provided

M.E.

Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
JAN 31 2018
NEWTON TOWN CLERK

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Richard MI L Last Name Celli

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address P.O. Box 108

City Stillwater State NJ Zip 07875

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Richard L Celli Date 01/31/18

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

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 inquiring about the removal of oil tank At 161 Mill Street that was replaced by 2 Poly Tanks My question was the previous oil tank in the Basement OR in ground. If it was in ground was the tank Removed?

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 # 20-2018
Rec'd Date 1-31-2018
Ready Date 2-9-2018
Total Pages 2

Final Cost

Total .10¢
Deposit ____
Balance Due ____
Balance Paid .10¢

Records Provided

Lorraine A Read 2/9/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 William MI S Last Name Dotta

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 14-16 Ivy Lane

City Fair Lawn State NJ Zip 07410

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature _____ Date 1/30/18

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

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

Extras: Special service charge dependent upon request.

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

Need Property Record card for 8 Union Place, Newton NJ.

RECEIVED
JAN 30 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
[illegible]t 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 # 19-2018
Rec'd Date 1/30/18
Ready Date 1/30/18
Total Pages 2

Final Cost

Total $0.10
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

M. Esteves
Custodian Signature

1/30/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 James MI R Last Name Cunneely

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 3 Ridgeview Rd

City Newton State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature _____ Date 1/29/18

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

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

Extras: Special service charge dependent upon request.

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

Request for any open permits, violations, tax/utility ~~liens~~ liens for 103 Sussex St

RECEIVED
JAN 29 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 18-2018
Rec'd Date 1/29/18
Ready Date 2/9/18
Total Pages 4

Final Cost
Total
Deposit N/C
Balance Due
Balance Paid email

Records Provided

M. Estes 2/9/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Terence MI L Last Name Callahan

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 92 Woodport Rd

City Sparta State NJ Zip 07871

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Terence J. Callahan Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

Removal of old oil tank + placement of new 500 gal oil tank at 157 High St. Newton

RECEIVED
JAN 24 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

osit 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 # 17-2018
Rec'd Date 1/24/18
Ready Date 1/30/18
Total Pages 2

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

M. Estremera
Custodian Signature

1/30/18
Date

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 [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address **4 Dedrick Place**

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

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 1/16/2018

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

OPRA # 16-2018
1/23/18 1 GL e N/c email
1/24/18 M. Stevenson

RECEIVED
JAN 23 2018
NEWTON TOWN CLERK

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 William MI T. Last Name Haggerty, Esq.

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address Dolan and Dolan, P.A., 1 Legal Lane, 53 Spring St., P.O. Box D,

City Newton State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 William T. Haggerty Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 permitting, including but not limited to, removal and replacement of oil tanks regarding 38 Hillside Terrace, Town of Newton, Block 2.1, Lot 33.

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 # 15-2018
Rec'd Date 1/23/18
Ready Date 1/30/18
Total Pages 7

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

Custodian Signature _____ Date 1/30/18

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
JAN 23 2018
NEWTON TOWN CLERK

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 FRANK MI M Last Name CURRID

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 11 Forest ST

City Branchville State NJ Zip 07826

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature [signature] Date 1/23/18

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

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

Extras: Special service charge dependent upon request.

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

Request For A property survey on 70 Ryerson Ave.
Block 6.05 Lot 14.
Owner. Aleta Luberger.

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.

1/30/18 10:45am spoke w/Mr. Currid, no survey found. I emailed response to him.

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

AGENCY USE ONLY

Tracking Information

Tracking # 14-2018
Rec'd Date 1-23-18
Ready Date 1/30/18
Total Pages 2

Final Cost

Total ___
Deposit 0
Balance Due ___
Balance Paid N/Cash

Records Provided

M. Esteves
Custodian Signature

1/30/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
JAN 22 2018
NEWTON TOWN CLERK

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 SUSAN MI L Last Name THOMPSON

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 316 RT 15 South

City Wharton State NJ Zip 07885

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1 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 Susan L Thompson Date 1/22/18

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

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

Extras: Special service charge dependent upon request.

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

OPEN PERMIT and Code VIOLATION for 120 Spring St. Newton

OPERA REPORT

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 # 13-2018
Rec'd Date 1/22/18
Ready Date 1/30/18
Total Pages 3

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid email

Records Provided

M. Esteves Custodian Signature 1/30/18 Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 AMBER MI ____ Last Name SIMPSON

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 6801 PALISADES PARK CT STE 2

City FT MYERS State FL Zip 33912

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature Amber Simpson Date 1/19/2018

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

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.

PROPERTY ADDRESS: 12 MOUNT VIEW ST
BLOCK: 19.02 LOT: 4

Please provide copies of only open code enforcement, property maintenance, or nuisance violations.
Please provide copies of only open or expired permits.
Please provide a copy of the most recent utility bill.
Please provide copies of any assessments (grass mow, misc. invoices) due.
Please provide any fines, fees, balances, or municipal liens due.

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.

RECEIVED
JAN 19 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 12-2018
Rec'd Date 1/19/18
Ready Date 1/24/18
Total Pages 3 files

Final Cost

Total N/C
Deposit ____
Balance Due ____
Balance Paid email

Records Provided

M. Estevanez
Custodian Signature

1/24/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 AMBER MI _____ Last Name SIMPSON

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 6801 PALISADES PARK CT STE 2

City FT MYERS State FL Zip 33912

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature Amber Simpson Date 1/19/2018

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

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.

PROPERTY ADDRESS: 32 TOWNSEND ST
BLOCK: 15.01 LOT: 13

Please provide copies of only open code enforcement, property maintenance, or nuisance violations.
Please provide copies of only open or expired permits.
Please provide a copy of the most recent utility bill.
Please provide copies of any assessments (grass mow, misc. invoices) due.
Please provide any fines, fees, balances, or municipal liens due.

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.

RECEIVED
JAN 19 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 11-2018
Rec'd Date 1/19/18
Ready Date 1/24/18
Total Pages 36 pgs

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

M. Esteves 1/24/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name James MI K Last Name Brine

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 10 Great Gorge Terrace

City VERNON State NJ Zip 07462

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 1/19/2018

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

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 asking for the following Information Regarding Address 38 Hillside Terrace Newton NJ 07860 Block 21 Lot 33

- If any permits were issued for construction/Renovation
- If there are any open permits
- Any record of a decommissioned or Removed Oil tank that was underground
- Does the town have a copy of a survey on file- if so if we may have a copy

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.

RECEIVED
JAN 19 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 10-2018
Rec'd Date 1/19/18
Ready Date 1/24/18
Total Pages 9

Final Cost

Total $0.45
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

1/24/18 11:21 AM spoke w/Mr. Brine OPRA ready - followed up w/email.

M. Estevez
Custodian Signature

1/24/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Mark MI _____ Last Name Stetzl

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 192 White Lake Rd

City Lafayette State NJ Zip 07848

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 1/18/18

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

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.

Info on 7 Thompson Ave Newton 2017
oil spill clean up.
what was done? and what needs to be cleaned up.
Who removed tank Company + phone #
EPA #

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 # 9-2018
Rec'd Date 1/18/18
Ready Date 1/24/18
Total Pages 2

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

RECEIVED
JAN 18 2018
NEWTON TOWN CLERK

M. Estevez
Custodian Signature

1/24/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name William MI T. Last Name Haggerty, Esq.

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address Dolan and Dolan, P.A., 1 Legal Lane, 53 Spring St., P.O. Box D

City Newton State NJ Zip 07860

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 1/15/18

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

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.

Including, but not limited to, all construction permits and approvals issued for property designated as 22 Union Place, Newton, NJ and designated on the tax records as Block 15.01, Lot 36. I am especially interested in the records concerning the presence of or removal of any inground presence, abandonment or removal of an inground oil tank.

RECEIVED
JAN 16 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 8-2018
Rec'd Date 1/16/18
Ready Date 1/18/18
Total Pages 2

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid emailed

Records Provided

M. Estremera
Custodian Signature

1/18/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

RECEIVED
JAN 12 2018
NEWTON TOWN CLERK

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 Ethan MI G. Last Name Runco

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 85 Haste St.

City Phillipsburg State NJ. Zip 08865

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 01/12/18

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

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.

- plumbing permits For 1 cedar st. Newton, N.J. 07860
- Construction permits for 1 cedar st Newton NJ 07860
- electrical permits for 1 cedar st Newton NJ. 07860
- plumbing permits for 3 cedar st. Newton NJ. 07860
- Construction permits For 3 cedar st Newton NJ. 07860
- electrical permits for 3 cedar st. Newton NJ. 07860

AGENCY USE ONLY

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

sit Date ____

AGENCY USE ONLY

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

1/16/18 10:23am tried calling voicemail is not set-up. Sent email advising OPRA is ready.

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

AGENCY USE ONLY

Tracking Information

Tracking # 7-2018
Rec'd Date 1-12-18
Ready Date 1/16/18
Total Pages 4

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

1/18/18 9:46am spoke w/Mr. Runco will p/u items today.

M. Estremera
Custodian Signature

1/16/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
opra@newtontownhall.com
Lorraine A. Read, RMC

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 Mark MI A Last Name Stetzel

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 192 White Lake Rd

City Hopatcong State NJ Zip 07843

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature [signature] Date 1/10/18

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

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

Extras: Special service charge dependent upon request.

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

Any ~~[illegible]~~ on the property
Open Violations
68 Woodside AV Newton
and a Survey of property

RECEIVED
JAN 11 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 6-2018
Rec'd Date 1/11/18
Ready Date 1/16/18
Total Pages 3

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

M. Estevez 1/16/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

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 Aimee MI K Last Name Pacheco

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Aimee Pacheco Date 01/09/2018

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

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 jeopardized by such method of delivery.

Please e-mail me my response to this OPRA request.

I need a copy of any open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

4 Cedar St, Newton, NJ
Block 14.05 / Lot 7

Thank you!

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JAN 09 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 5-2018
Rec'd Date 1/9/18
Ready Date 1/11/18
Total Pages 1

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

M. Estelle 1/11/18
Custodian Signature Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

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Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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 Aimee Pacheco Date 01/03/2018

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

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

Extras: Special service charge dependent upon request.

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I need a copy of any open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

5 Cedar St, Newton, NJ
Block 14.05 / Lot 7

Thank you!

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JAN 04 2018
NEWTON TOWN CLERK

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 4-2018
Rec'd Date 1/4/2018
Ready Date 1/9/2018
Total Pages 1

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid Email

Records Provided

M. Estremera
Custodian Signature

1/9/2018
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

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 Ginny MI _____ Last Name Schouten

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 216 E Broadway

City Monticello State New York Zip 12701

Telephone [redacted] Redacted per N.J.S.A. 47:1A-1.1

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

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

Signature Ginny Schouten Date January 2, 2018

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

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.

Looking for Permit Activity Report for December 2017.

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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 # 3-2018
Rec'd Date 1/2/18
Ready Date 1/3/18
Total Pages 1 file

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid email

Records Provided

M. Ettenger
Custodian Signature

1/3/18
Date

TOWN OF NEWTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

39 Trinity Street, Newton, NJ 07860
Phone: (973) 383-3521x232 Fax:(973) 300-1208
clerk@newtontownhall.com
Lorraine A. Read, RMC

Important Notice

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Requestor Information – Please Print

First Name John Mancini

E-mail Address [redacted] Redacted per N.J.S.A. 47:1A-1.1

Mailing Address 1121 Bristol Road
Mountainside, NJ 07092

City [redacted] Redacted per N.J.S.A. 47:1A-1.1

Telephone

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 1-2-18

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of the Monthly Permit Fee LOG for all building construction permits issued from Dec. 1 to Dec. 31, 2017

A Sample report can be supplied upon 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.

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JAN 02 2018
NEWTON TOWN CLERK

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

AGENCY USE ONLY

Tracking Information

Tracking # 2-2018
Rec'd Date 1/2/2018
Ready Date 1/2/2018
Total Pages 1 file

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid emailed

Records Provided

M. Esteves
Custodian Signature

1/2/2018
Date