THE BOARD OF CHOSEN FREEHOLDERS
OF THE
COUNTY OF MONMOUTH

MARION MASNICK
CLERK OF THE BOARD

HALL OF RECORDS
1 EAST MAIN STREET
FREEHOLD, NEW JERSEY 07728

TELEPHONE: 732-431-7387
FAX: 732-431-6519
EMAIL: marion.masnick@co.monmouth.nj.us

April 25, 2018

VIA EMAIL opra+request-1552-e04b4f07@requests.opramachine.com

Re: **OPRA Request**

To Whom It May Concern:

I am Clerk of the Monmouth County Freeholder Board and the records custodian for the County of Monmouth. The County of Monmouth received your Open Public Records Act (OPRA) request on April 24, 2018. As such, the seven (7) business day deadline to respond to your request is May 3, 2018. This response to your request is being provided to you on the second (2nd) business day after the custodian's receipt of said request.

You requested:

- Copies of all OPRA requests from January 1, 2018 to January 14, 2018

Copies of each of those OPRAs are enclosed.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the County of Monmouth to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at

their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

MARION MASNICK,
Clerk of the Board

Mm
Cc: Michael D. Fitzgerald, Esq., County Counsel

Masnick, Marion

From: ASK NJ Media Co. <opra+request-1552-e04b4f07@requests.opramachine.com>
Sent: Tuesday, April 24, 2018 8:52 AM
To: Masnick, Marion
Subject: Open Public Records Act request - OPRA Requests

Dear Monmouth County,

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from January 1, 2018 to January 14, 2018.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-1552-e04b4f07@requests.opramachine.com

Is mmasnick@co.monmouth.nj.us the wrong address for Open Public Records Act requests to Monmouth County? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=monmouth_county

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

Please note that in some cases publication of requests and responses will be delayed.

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

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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

Requestor Information – Please Print

First Name Jim MI ____ Last Name Bean

E-mail Address jbean@betterbelmar.com

Mailing Address 612 16th Ave

City Belmar State NJ Zip 07719

Telephone 732-681-7342 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 01/05/18

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

Any emails sent or received, by any employee of the DCA in the Local Government services dept, from June 1, 2017 and the present, Jan 1, 2018 between Mayor@belmar.com, cconnolly@boro.belmar.nj.us, CConnolly@belmar.com, matt@dohertynj.com, Belmarmayormatt@gmail.com.

CLERK OF THE BOARD
2018 JAN -5 P 12:

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Masnick, Marion

From: Sergio Bichao <Sergio.Bichao@townsquaremedia.com>
Sent: Tuesday, January 02, 2018 12:12 AM
To: Masnick, Marion
Subject: OPRA request - Monmouth County - 911 calls

due 1.11.18

Jan. 2, 2017

Re: Request for Documents

Dear Custodian of Records:

This is a request for information pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq. As a journalist seeking to further the public interest in a high-profile matter involving public safety, I also make this request under the common law right of citizens of the state to obtain access to public documents. (South Jersey Publishing Co. v. New Jersey Expressway Auth., 124 N.J. 478, 487-89 [1991]). Please note that this letter contains the statutory requirements for a written OPRA request and I am not required to fill out an official form. (Renna v. County of Union, 407 N.J. Super. 230 [App. Div. 2009]).

The documents I seek:

1. 911 calls related to the Dec. 31 homicide on Wall Street, Long Branch, NJ.

I prefer delivery of records by email. If that is not possible, please contact me to arrange for delivery. Access to electronic records shall be provided free of charge. (N.J.S.A. 47:1A-5[b])

The reasons offered by a custodian for denying access to a document must be specific. (Communications Workers of America v. McCormac, 417 N.J. Super. 412, 442 [2008])

Under penalty of NJSA 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense.

CLERK OF THE BOARD
2018 JAN -2 P 7:37

Sergio Bichao
Deputy Digital Editor NJ1015.com
Townsquare Media
New Jersey 101.5 FM WKXW

Phone: 609-359-5348
Twitter.com/sbichao
Facebook.com/sergio.bichao

townsquare media trenton

109 Walters Ave.

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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 Harold MI ____ Last Name Brauer

E-mail Address fola@recoveryassetnetwork.com

Mailing Address 2416 W. Victory Blvd,, Suite 593

City Burbank State CA Zip 91506

Telephone 818-987-1274 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 Harold Brauer Date 1/3/18

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

I would like to request a list of the county's uncashed checks that are over 180 days with a dollar value of $500 and above. Please include the following information: original payee name, original check amount, original check number and date of the original check.

Please forward the list to my attention at fola@recoveryassetnetwork.com

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 FAX

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

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

Signature _____ Date 1/5/18

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I request Monmouth County's Code Blue plan.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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

Requestor Information – Please Print

First Name Kevin MI H Last Name Corey

E-mail Address Khcorey@News12.Com

Mailing Address 450 RARITAN CTR PKWY

City Edison State NJ Zip 08837

Telephone ____ FAX ____

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

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

Signature [signature] Date 1-2-18

Payment Information

Maximum Authorization Cost $25-

Select Payment Method: [✓] Cash [ ] Check [ ] Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - 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.

9/11 Phone Calls Related to A Shooting Incident ON 12-31-17 At 635 Wall St, Long Branch, NJ. Initial Report was @ 11:50 PM

CLERK OF THE BOARD
2018 JAN -3 A 9:03

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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

Requestor Information – Please Print

First Name Andrew Eberts MI ____ Last Name Eberts

E-mail Address ae@aquaterra-tech.com

Mailing Address 122 S. Church St.

City West Chester State PA Zip 19382

Telephone 484-883-9365 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 N. P. Eberts Date 1/4/2018

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

☐ Cash ☐ Check ☑ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - 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.

Wawa Store No. 938
US Route 9
Howell, NJ 07731
Block 78.10
Lot 32.02
Formerly Block 32.01

"I am requesting all information on file for this property in accordance with conducting a Preliminary Assessment, including permits, violations, hazardous waste, underground storage tanks, septic systems, and any other environmental matters" Please forward this request to all appropriate departments and agencies."

CLERK OF THE BOARD
2018 JAN -5 A 9:59

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name Terry MI ____ Last Name Futcher

E-mail Address Terryf@cisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

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

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect. ☐ Fax ☐ E-mail ☑

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

Signature Terry Futcher Date 1/9/18

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
CD & DVD - $1.00 per disc
Other materials - 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.

Renovations to Monmouth Co Veterans Memorial Building bid date 1/9/18

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

CLERK OF THE BOARD
2018 JAN 10 A 8:06

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name James MI P. Last Name Gibson

E-mail Address jgibson@brinkenv.com

Mailing Address 133 Jackson Road / Suite D

City Medford State NJ Zip 08055

Telephone _____ FAX _____

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

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

Signature James P Gibson /PM Date 12/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

"all Phase I Environmental Site Assessment Rpts." for: Sun Eagle Golf
Bible Hall Club, Ft. Monmouth
Owner: US Gov. - Dept. of Army
Hope Road
Block 501, Lot 1
Eatontown, Monmouth Co., NJ
Brinkerhoff Project # 17-0534

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name Nicholas MI ____ Last Name Gregory

E-mail Address Brinkerhoff Environmental Services, Inc.

Mailing Address 133 Jackson Road, Suite D

City Medford State NJ Zip 08055

Telephone 609-714-2141 FAX 609-714-2143

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 01/10/2018

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

For a Phase I Environmental Site Assessment, I am seeking files relative to environmental issues for the commercial property at 1602 Route 35 South in Ocean Township, Monmouth County, NJ 07755 (Block 35, Lots 3.03 and 5). The owner is Cardinale & Ocean Crossing Associates LLC. The current tenant is Green Leaf Pet Resort & Hotel. I am interested in site inspection reports; violations associated with the handling, storage, and/or disposal of hazardous substances; hazardous material releases or spills; underground storage tank information; land use restrictions; on-site wells; and other information regarding potential areas of environmental concern. Thank you for your time and attention to this matter.

AGENCY USE ONLY

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

AGENCY USE ONLY

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2018 JAN 10 P 1:03
CLERK OF THE BOARD

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

AGENCY USE ONLY

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Tracking # ____
Rec'd Date ____
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Deposit ____
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Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

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Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name Raul MI ____ Last Name Huarachi

E-mail Address raul@tanklocator.com

Mailing Address PO BOX 1061

City Morristown State NJ Zip 07962

Telephone 973-462-7581 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 1/4/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
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CD & DVD - $1.00 per disc
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Extras: Special service charge dependent upon request.

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

We have a client interested in purchasing a property located @ 1700 M Street, Wall Township NJ 07719.
We are looking to assess if there is or ever was an underground storage tank.

CLERK OF THE BOARD
2018 JAN -5 A 7:14

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD
2018 JAN -2 P 1:32

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 Rick MI G Last Name Knecht

E-mail Address rknecht@STTC.com

Mailing Address 112 North St.

City Toms River State NJ Zip 08753

Telephone 908-482-3688 FAX 732-736-0236

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 1/2/18

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
CD & DVD - $1.00 per disc
Other materials - 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 email a copy of the bid F-85-2018 with pricing.

Thank you

Service Tire Truck Centers

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

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Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name Kasey MI S Last Name Lechner

E-mail Address kaseylechner@acerassociates.com

Mailing Address 1012 Industrial Drive

City West Berlin State NJ Zip 08091

Telephone 856-809-1202 FAX 856-809-1203

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 Kasey Lechner Date December 28, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - actual cost of material

Delivery: Delivery / postage fees addltional 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 Location: 32 Southard Street, Farmingdale, Monmouth County, NJ 07727

Jurisdiction: Howell Township
Owner: Gold Lumber, Inc.
Parcel #: Block: 219 Lot: 8
ACER Project #: 20171271

ACER Associates, LLC (ACER) is conducting an environmental assessment of the above-referenced property.

ACER is requesting information you may have regarding underground storage tank releases, hazardous materials management or spills, groundwater contamination, or chemical fires. ACER would also like information on current or former permits/permit applications that you may have on record for the subject site. In particular, ACER would be interested in reviewing permits regarding soil or groundwater contamination management, underground and aboveground storage tanks, and hazardous materials management.

RECEIVED
2018 JAN -3 PM 1:07
CLERK OF THE BOARD

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
2018 JUN -5 P 1:06
CLERK OF THE BOARD

Custodian Signature **Date**

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-7519

CLERK OF THE BOARD

2018 JAN 10 A 11:08

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 Kimberly MI R Last Name Marsh

E-mail Address kimberly.marsh@stante.com

Mailing Address 1553 W. Elna Rae Street, Suite 101

City Tempe State Arizona Zip 85281

Telephone 480-829-0457 ext. 211 FAX NA

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 1/5/2018

Payment Information

Maximum Authorization Cost $ 200

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

I would like to request copies of the following for 147 Highway 36, Middletown, New Jersey (intersection of Grover Street and NJ Hwy 36)
- ~~building records, inspection records, certificate of occupancy records~~, hazardous materials permits, underground storage tank records, above ground storage tank records, environmental records, and any other fire marshal records. Request records from 1950 (if available) to present.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marlon Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD
2018 JAN -3 A 7:30

Important Notice

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Requestor Information – Please Print

First Name Steven MI O Last Name McDougall

E-mail Address smcdougall@oneillassociates.biz

Mailing Address O"Neill Associates P O Box 516

City Somerville State NJ Zip 08876

Telephone 908-334-5382 FAX 973-586-2595

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 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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

Requesting the Monmouth County Fire Marshal's Investigation Report for a fire on 12-25-2017 at 44, 45, and 46 Poplar Place, Freehold NJ 07728

Steven O. McDougall (908) 725-9391
C.F.I., C.F.E.I. CELL (908) 334-5382
FAX (973) 586-2595

O'NEILL ASSOC.

Loss evaluations • Special investigations • Fire scene examinations

P.O. Box 516, Somerville, New Jersey 08876
email: smcdougall@oneillassociates.biz

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Telephone 732-431-7387
Fax 732-431-6519
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

CLERK OF THE BOARD
2018 JAN -9 A 10:24

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 Marsha MI L Last Name McLeod

E-mail Address mlm2322@columbia.edu

Mailing Address 13-03 Jackson Avenue, #3R

City Queens State N.Y. Zip 11101

Telephone (718) 964-7656 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 _____

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

☑ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

1. All contracts signed between (or on behalf of) Correct Care Solutions and Monmouth County, including the Monmouth County Sheriff's Office, at any time, including any amendments, as well as all exhibits and attachments.
2. All contracts signed between (or on behalf of) CFG Health Systems and Monmouth County, including the Monmouth County Sheriff's Office, since 2000, including any amendments, as well as all exhibits and attachments. I expect this to include the contract between Monmouth County and CFG Health Systems that came into effect at the Monmouth County Correctional Institution on January 1, 2010.
3. All Request for Proposals (RFPs) released by Monmouth County since 2010 related to the delivery of health care services at the Monmouth County Correctional Institution, including all exhibits and attachments.
4. All documents submitted by Correct Care Solutions between January 1, 2012 and December 31, 2017 under the guise of obtaining, or attempting to obtain, a contract with Monmouth county. I expect this to include, but not be limited to:
   a. All formal proposals submitted by Correct Care Solutions in response to RFPs issued by Monmouth County during the aforementioned period.
   b. Any supplementary materials or documentation submitted by Correct Care Solutions under the guise of obtaining or attempting to obtain a contract during the aforementioned period.
   c. Any emails exchanged between representatives of Monmouth County, including of the sheriff's office, and Correct Care Solutions that relate to obtaining or attempting to obtain a contract in the aforementioned period.
5. All periodic updates, including progress summaries, staffing updates, and responses to county sanctions, submitted by Correct Care Solutions to Monmouth County, including to the sheriff's office, between September 1, 2012 and the date you are able to complete this request.
6. All invoices and other billing submitted by Correct Care Solutions to Monmouth County, for both on-site and off-site care, for the entire duration of time the company was contracted to provide health care services at the Monmouth County Correctional Institution.
7. Any documents that provide evidence of the transference of gifts, including paid vacations, use of hotels or condominiums, and paid conferences, between Monmouth County, including all its representatives, and Correct Care Solutions.
8. Any documents showing evidence of monetary donations made by Correct Care Solutions, Correct Care PAC, or any of the company's executives (including, by not limited to: Jorge Dominicis, Patrick Cummensky, Chris Dove, Cary McClure, and Jerry Doyle) to any elected official or individual seeking election in Monmouth County, and in particular, to the position of sheriff.
9. All documentation showing evidence of penalties charged to Correct Care Solutions for failure to fulfill contractual requirements between September 1, 2012 until the date you are able to complete this request. Please do not return this request as an aggregated sum, but in the format in which the penalties were originally recorded, including any accompanying information. I expect this to include, but not be limited to:
   a. All documentation of penalties charged to Correct Care Solutions for leaving staff positions vacant for 30 days or more.
10. Any document related to the care of inmates dealing with drug or alcohol withdrawal that is stamped with the logo of Correct Care Solutions. I expect this to include, but not be limited to:
    a. Any pages of the Correct Care Solutions "Policies and Procedures Manual" that discuss CIWA and COWS protocols. I am willing to inspect this record in person, if necessary.

Notes on delivery: Please provide records as digital files where possible. Please do not print out paper copies of records that exist digitally. I also request that no documents be altered from their original form to be sent to me. For example, if documentation of penalties is currently held in an Excel file, please do not convert it to a PDF.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

See attachment

Custodian Signature _____ Date _____

January 5, 2018
Open Records Request

CLERK OF THE BOARD
2018 JAN -9 A 10: 24

Requester: Marsha McLeod
Address: 13-03 Jackson Ave., #3R, Long Island City, 11101
Telephone contact: 718-964 7656

1. All contracts signed between (or on behalf of) Correct Care Solutions and Monmouth County, including the Monmouth County Sheriff's Office, at any time, including any amendments, as well as all exhibits and attachments.
2. All contracts signed between (or on behalf of) CFG Health Systems and Monmouth County, including the Monmouth County Sheriff's Office, since 2000, including any amendments, as well as all exhibits and attachments. I expect this to include the contract between Monmouth County and CFG Health Systems that came into effect at the Monmouth County Correctional Institution on January 1, 2018.
3. All Request for Proposals (RFPs) released by Monmouth County since 2010 related to the delivery of health care services at the Monmouth County Correctional Institution, including all exhibits and attachments.
4. All documents submitted by Correct Care Solutions between January 1, 2012 and December 31, 2017 under the guise of obtaining, or attempting to obtain, a contract with Monmouth county. I expect this to include, but not be limited to:
    a. All formal proposals submitted by Correct Care Solutions in response to RFPs issued by Monmouth County during the aforementioned period.
    b. Any supplementary materials or documentation submitted by Correct Care Solutions under the guise of obtaining or attempting to obtain a contract during the aforementioned period
    c. Any emails exchanged between representatives of Monmouth County, including of the sheriff's office, and Correct Care Solutions that relate to obtaining or attempting to obtain a contract in the aforementioned period.
5. All periodic updates, including progress summaries, staffing updates, and responses to county sanctions, submitted by Correct Care Solutions to Monmouth County, including to the sheriff's office, between September 1, 2012 and the date you are able to complete this request.
6. All invoices and other billing submitted by Correct Care Solutions to Monmouth County, for both on-site and off-site care, for the entire duration of time the company was contracted to provide health care services at the Monmouth County Correctional Institution.
7. Any documents that provide evidence of the transference of gifts, including paid vacations, use of hotels or condominiums, and paid conferences, between Monmouth County, including all its representatives, and Correct Care Solutions.
8. Any documents showing evidence of monetary donations made by Correct Care Solutions, Correct Care PAC, or any of the company's executives (including, by not limited to: Jorge Dominicis, Patrick Cumminsky, Chris Bove, Cary McClure, and Jerry Boyle) to any elected official or individual seeking election in Monmouth County, and in particular, to the position of sheriff.

9. All documentation showing evidence of penalties charged to Correct Care Solutions for failure to fulfill contractual requirements between September 1, 2012 until the date you are able to complete this request. Please do not return this request as an aggregated sum, but in the format in which the penalties were originally recorded, including any accompanying information. I expect this to include, but not be limited to:
    a. All documentation of penalties charged to Correct Care Solutions for leaving staff positions vacant for 30 days or more.
10. Any document related to the care of inmates dealing with drug or alcohol withdrawal that is stamped with the logo of Correct Care Solutions. I expect this to include, but not be limited to:
    a. Any pages of the Correct Care Solutions "Policies and Procedures Manual" that discuss CIWA and COWS protocols. I am willing to inspect this record in person, if necessary.

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Thank for your consideration.

MONMOUTH COUNTY

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Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD

2018 JAN 11 P 4:40

Important Notice

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Requestor Information – Please Print

First Name Joseph MI ____ Last Name McNichol

E-mail Address [redacted]

Mailing Address 81 Dekaven Street

City New Brunswick State NJ Zip 08901

Telephone 609-658-0648 FAX ____

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

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

Signature [signature] Date 1/10/2018

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

Please send a list of all voters in Monmouth County who cast a ballot in the 2017 General Election that took place on November 7, 2017. If possible, please email this list as a .CSV file.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Fax 732-431-6519

Important Notice

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Requestor Information – Please Print

First Name Amy MI ____ Last Name Papa

E-mail Address apapa@bolanjahnsen.com

Mailing Address 830 Broad Street, Suite 4

City Shrewsbury State NJ Zip 07702

Telephone 732-212-1200 FAX 732-212-0404

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 Amy Keseday Papa Date 11/28/17

Payment Information

Maximum Authorization Cost $ 25.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD per disc - $1.00
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

Please provide any and all reports prepared by the Housing Authority, including but not limited to the Director of the Housing Authority, Joseph Mauro, who responded to the Rite Aid located at 75 S. Main Street in Neptune following reports of a possible building lightning strike with individuals who suffered an electrocution injury on or about 9/10/15.

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

CLERK OF THE BOARD
2018 JAN -9 P 3:16

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

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Important Notice

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Requestor Information – Please Print

First Name Mayur MI ____ Last Name Patel

E-mail Address mpatel@envocarenj.com

Mailing Address 1527 Route 27, Suite 105

City Somerset State NJ Zip 08873

Telephone 7322535740 FAX 7323171043

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 1/4/2018

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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For the Block 47.02 Lot 13 - 334 Main St, Matawan, NJ

Looking for construction, building records assocaited with the Septic System. from 1960's to Present

CLERK OF THE BOARD
2018 JAN -8 A 6:55

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD
2018 JAN -5 A 10:35

Important Notice

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Requestor Information – Please Print

First Name Lynn MI M Last Name Petrovich

E-mail Address REDDANCPA@AOL.COM

Mailing Address 32 Woodrow Street

City Oakhurst State NJ Zip 07755

Telephone 609-220-5155 FAX

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

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

Signature Lynn M Petrovich Date 1/1/18

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

- COPIES of Contracts for Sale by County of
  (1) Geraldine L. Thompson Care Center AND
  (2) John L. Montgomery Care Center
- COPIES of closing documents on Sale by County of above Two Care Centers
- Resumes of Purchasors of above two care centers

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7367
Fax 732-431-6519

Important Notice

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

Requestor Information – Please Print

First Name SUSANNE MI ____ Last Name PUFF

E-mail Address ATLAS010@MSN.COM

Mailing Address 243 THROCKMORTON STREET

City FREEHOLD State NJ Zip 07728

Telephone 732-462-3636 FAX 732-294-5575

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 Susanne Puff Date 1/12/18

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

We are looking for any septic information, as built, location, any repairs/replacements from January 1, 1999 to present.

Address: 225 Old Mill Rd, Freehold
B- 15
L- 18.02

CLERK OF THE BOARD
2018 JAN 12 A 11:53

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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 Griffin MI ____ Last Name Savage

E-mail Address griffin@envirotactics.com

Mailing Address 1330 Laurel Ave

City Sea Girt State NJ Zip 08750

Telephone ____ FAX ____

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

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

Signature [signature] Date 1/2/18

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
CD & DVD - $1.00 per disc
Other materials - 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.

[signature]

CLERK OF THE BOARD
2018 JAN -2 A 10:25

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

envirotactics
Your Environmental Resource

CLERK OF THE BOARD
2018 JAN -2 A 10:35

January 2, 2018

Monmouth County Health Department
One East Main Street
Freehold, NJ 07728

Fax: (732) 431-6519

RE: OPRA Request
3 Main Street
Block 42, Lot 3
Avon-By-The-Sea, Monmouth County, NJ 07717
Envirotactics Project #4753

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced property and we are in need of accessing any records regarding the site maintained by the Health Department. Specifically, we are in search of records addressing or pertinent to environmental investigations such as; storage tank records, corrective actions, contaminant releases, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property. **We realize that some of the files may be quite extensive, if this is the case we ask that you provide us access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at (732) 449-0077. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Griffin Savage

Griffin Savage

Enclosure (OPRA Form)

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD
2018 JAN -9 A 10:24

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 Jennie MI _____ Last Name Smith

E-mail Address municipal@acmeresearch.com

Mailing Address 5120 Highway 6

City Riesel State TX Zip 76682

Telephone 800-810-3846 FAX 866-331-7940

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 Jennie Smith Date 1/9/2018

Payment Information

Maximum Authorization Cost $ 200.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - 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.

Public spending information, including both capital and operating expenditures, for payments made by or on behalf of Monmouth County during fiscal year 2017, Specifically, for any payee, other than an employee, that was paid a cumulative total amount of $10,000 or more, we seek the payee name, address, and cumulative total dollar amount paid to the subject payee over the relevant time period.

** Please see letter for additional details

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature Date

Acme Research

Municipal Expenditures Database Project

January 9, 2018

CLERK OF THE BOARD
2018 JAN -9 A 10:24

Ms. Marion Masnick
Clerk of the Board to the Monmouth County Board to Chosen Freeholders
One East Main Street
Freehold, NJ 07728
Sent Via Email: mmasnick@co.monmouth.nj.us

RE: Open Public Records Act Request

Dear Ms. Masnick:

Under the New Jersey Open Public Records Act, we formally request that your office provide us with public spending information, including both capital and operating expenditures, for payments made by or on behalf of Monmouth County during fiscal year 2017. Specifically, for any payee, *other than an employee,* who was paid a cumulative total amount of $10,000 or more, we seek the payee name, address, and the cumulative total dollar amount paid to the subject payee over the relevant time period. The $10,000 threshold was established to minimize reporting for respondents. This is the same information that Craig Marshall was kind enough to provide via email for fiscal year 2016.

The information is to be used for research aimed at identifying patterns of spending by public entities. No part of the data will be used as a mailing list and your supplying the information cannot be construed as an endorsement of either your payees or our work.

Acme is willing to reimburse your office for any reasonable expense incurred in providing the requested information, *if an estimate of costs is provided for our approval before the work is performed.* We prefer to receive the data electronically in a CSV, text, PDF, or Excel spreadsheet. If it cannot be sent via e-mail, please send the data on a PC-formatted disk by mail.

Should you have questions or need to advise us to redirect this request; you can contact our offices by telephone at 800-810-3846 or via e-mail at *municipal@acmeresearch.com*. Please confirm receipt of this request and contact our office to let us know your time frame for a response. Thank you for your assistance.

Yours truly,

Jennie Smith

Jennie Smith
Research Coordinator

Enclosure: Completed Monmouth County Open Public Records Act request form

5120 Highway 6
Riesel, TX 76682
800-810-3846 | Fax 866-331-7940
municipal@acmeresearch.com

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders
Telephone 732-431-7387
Fax 732-431-6519

CLERK OF THE BOARD
2018 JAN 12 P 2:39

Important Notice

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

Requestor Information – Please Print

First Name Robert MI W. Last Name Smith

E-mail Address senecaco@comcast.ent

Mailing Address 1470 Route 88 west

City Brick State NJ Zip 08724

Telephone 732-840-8040 FAX 732-840-8044

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 01/12/2018

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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

In need of maps and control data on the following;
"County of Monmouth, New Jersey, Intersection Improvements at C.R. 52 & Sunnyside Road/Stillwell Road, Individual Property Parcel Map, Situated in The Township of Middletown, Monmouth County, Altieri Reality, LLC., Parcels 5 & TE5, Scale: 1"= 30',Dated october , 2003"

We are surveying Tax Lot 1, Block 1049 at the intersection of Sunnyside Road 7 Crawfords Corner Road.

Anything you can give us will be a great help.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board
to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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 Spencer MI ____ Last Name Spurlock

E-mail Address sspurlock@dynamic-earth.com

Mailing Address 1904 Main Street

City Lake Como State NJ Zip 07719

Telephone 732-280-0830 FAX 732-974-3521

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 1/11/2018

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
CD & DVD - $1.00 per disc
Other materials - 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.

Site: 411 Route 79, Marlboro (Morganville), Block 151, Lot 5, Current owner - Morgans Future LLC

I would like to obtain/review any County Health Department records pertaining to environmental investigations, contaminant releases/spills, corrective actions, underground storage tanks (USTs), septic systems, wells or violations.

CLERK OF THE BOARD
2018 JAN 11 P 4:10

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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 Thomas MI K Last Name Stuhrmann

E-mail Address [redacted]

Mailing Address 106 Ocean Ave

City Brielle State NJ Zip 08730

Telephone 732 829 6164 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 Thomas Stuhrmann Date Jan 5, 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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

For all municipalities in Monmouth County, records of any noise violations, for sound levels of 65 dBa or greater in the the last 5 years (Jan 1, 2013 to present)

CLERK OF THE BOARD
2018 JAN -5 A 9:20

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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 Cierra MI M Last Name Toney

E-mail Address cierra@zimmerlaw.com

Mailing Address 444 Madison Ave., 4th Floor

City Brooklyn State NY Zip 10022

Telephone 212-952-4369 FAX 212-952-4376

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 Cierra Toney Date 1/3/18

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
CD & DVD - $1.00 per disc
Other materials - 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.

Under the provisions of the New Jersey Open Public Records Act., NJSA 47:1A-1 et seq., I request that you provide me with copies of the following records: road opening permits, sidewalk opening permits, applications for permits, contractor information, insurance certificate, work progress reports, superintendent's notes, inspector's reports, engineer's reports, logs, and meeting minutes, regarding work done on South bound side of Asbury Avenue, across from Exit 18 North Eatontown, Neptune City New Jersey during the period from September 1, 2015 through February 29, 2016.

Under § 89(3) of the law, we offer to pay the Department's fees for copies of the records we are requesting. Let us know what the fees are, if any.

If you deny any part of my request, please inform me of the reason for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed. Please refer to our file number 17-3023 on all correspondence. Thank you.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date