134

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
AVALON BORO
3100 Dune Drive
Avalon, NJ 08202

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

135

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
FAX 609-967-8471

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 Jenn MI ____ Last Name Reynolds

E-mail Address MCGJennr@aol.com

Mailing Address 930 Bedford Road

City York State PA Zip 17404

Telephone 717-650-2112 FAX 7147-650-2114

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

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

Signature _____ Date 08/02/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting copies of all inground pool permits issued between 07/01/2017 thru 07/30/2017. Information is for research purposes only and will not be sold, homeowner will not be contacted.

Thank you

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 8/2/17
Denied - Closed ____
Filed - Closed 8/2/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 135
Rec'd Date 8/2/17
Ready Date 8/2/17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Nesbett
Custodian Signature

8/2/17
Date

136

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name DANIEL MI J Last Name BOYCE

E-mail Address DJBoyce5@gmail.com

Mailing Address 400 Developer Drive

City VILLANOVA State PA Zip 19085

Telephone 610-858-7042 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 8-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

VIEW FILE Block 61.03 Lot 28
176 61st Street

Viewed 8/7/17 KA

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	8/7/17
Denied	-	Closed	
Filled	-	Closed	8/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 136
Rec'd Date 8/7/17
Ready Date 8/7/17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Viewed On-Site

Danielle Pallotta 8/7/17
Custodian Signature Date

137

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
Fax: 609-967-8471

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 Jenn MI L Last Name Fuson

E-mail Address jcarroll@accelevator.com

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005

Telephone 609-660-8000 FAX 609-660-8336

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

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

Signature [signature] Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

I am requesting a list, or copies, of demolition permits & house raising permits issued from May 1, 2017 through August 1, 2017.

This can be emailed or faxed.

Thank you very much!
Jenn

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 8/9/17
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 137
Rec'd Date 8/9/17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Emailed –

[signature] 8/10/17
Custodian Signature Date

Danielle Nollett

From: Candice Wisaksono <candice.wisaksono@construction.com>
Sent: Thursday, August 10, 2017 1:39 PM
To: Candice Wisaksono
Subject: Building Permits Public Records Request (JULY 2017)

Good Afternoon,

Just a friendly reminder if you would kindly send us the monthly building permits report.

Under the Public Records Act. I am requesting an opportunity to inspect or obtain copies of public records for the month of **JULY 2017.** We work with the US Census Bureau helping them collect building statistics and use this information for commercial purposes.

This is the information I would like, but I don't know if all is available:

Type of Building (store, bank, office, etc)
Type of Work (new, addition, renovation, tenant installations, etc.)
Street Address
Cost of construction
Permit issue date
Owner (with address and phone number with area code)
Contractor (with address and phone number with area code)
Architect (with address and phone number with area code)

New Residential over $75 K
New/Addition/Alteration Commercial permits over $75K
Pools over $1K

Thanks for your help with this request!
Have a great day.

Please note if you have sent the report to us already we would like to Thank you in advance and kindly disregard this request.

DODGE
DATA & ANALYTICS

Candice Romero Wisaksono
Data Researcher

T 609.336.2623 | F 609.336.2623 | E Candice.wisaksono@construction.com

Dodge Data & Analytics
300 American Metro Boulevard, Suite 185, Hamilton, NJ 08619

Dodge | Sweets

construction.com

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

139

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 Carrie MI ____ Last Name Kurtzman

E-mail Address carriekurtzman@mac.com

Mailing Address 158 Green Ave

City Madison State NJ Zip 07940

Telephone 9176488912 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 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting copy of the DEP Permit for 7508 Sunset Drive

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 # 139
Rec'd Date ____
Ready Date ____
Total Pages 5

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid .75

Records Provided

Custodian Signature

8/14/17
Date

140

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 ____ Last Name O'Dea

E-mail Address Jodea10@gmail.com

Mailing Address 2688 Dune Drive

City Avalon State NJ Zip 08202

Telephone 609-602-9784 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 8-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Pertaining to 3248 Ocean Drive.
We would like to know if there are any permits on file for this property specifically a bulkhead permit.

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 8/14/17
Denied - Closed ____
Filled - Closed 8/14/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 140
Rec'd Date 8/14/17
Ready Date 8/14/17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No Records Found

Danielle Follett
Custodian Signature

8/14/17
Date

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

#141

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 Debby D. Schwartz MI ____ Last Name Schwartz

E-mail Address ____

Mailing Address 20 Callison Lane

City Voorhees State NJ Zip 08043

Telephone 856 264 1431 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 $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

any and all surveys surveys of

- 39.03 42.01

posts

39.03 / 41.01

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 141
Rec'd Date ____
Ready Date ____
Total Pages 5

Final Cost

Total 1.31
Deposit ____
Balance Due ____
Balance Paid .31

Records Provided

3C .07
2C .05

Custodian Signature

8/14/17
Date

142

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX ____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	8/15/17
Denied	-	Closed	
Filed	-	Closed	8/15/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 142
Rec'd Date 8/15/17
Ready Date 8/15/17
Total Pages 8/09

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Talbott
Custodian Signature

8/15/17
Date

143

Danielle Nollett

From: ___ FOIA <foia@buildzoom.com>
Sent: Friday, August 11, 2017 6:34 PM
To: dnollett@avalonboro.org
Subject: Freedom of Information Act Request: Building Permit Records

Follow Up Flag: Follow up
Flag Status: Flagged

To whom it may concern, I am writing to request permit records from Avalon, New Jersey on behalf of Buildzoom. BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public. We do business in Avalon and would like to provide the service to its residents. Can you please provide us with a report of all building permits processed by your department to date? Such reports typically: - Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report. - Cover at least the last ten years. - Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance. - Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work. We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work. We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data? Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706. We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

144

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Amanda MI N Last Name Hoover

E-mail Address ahoover@njadvancemedia.com

Mailing Address 1611 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone 609-879-2387 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 Amanda Hoover Date 8/15/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like record of how many dollars were spent on beach tags in the borough during the 2016 season. Respond via email with amount is preferred.

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	8/16/17
Denied	-	Closed	
Filled	-	Closed	8/17/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 144
Rec'd Date 8/16/17
Ready Date 8/17/17
Total Pages 0

Final Cost

Total
Deposit
Balance Due
Balance Paid ✓

Records Provided

Response emailed

Danielle Gallett
Custodian Signature

8/17/17
Date

145

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 CHARLES MI J Last Name FASANO

E-mail Address CFASANO@MAC.COM

Mailing Address 521 MAPLE AVENUE

City Doylestown State PA Zip 18901

Telephone 215 519 3921 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 8/15/17

Payment Information

Maximum Authorization Cost $ 5.00

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.

Copy of Building permits for (FACE Sheet)
(1) 35 W 16th sheet
(2) 1918 1st AVENUE
(3) 3108 OCEAN DRIVE

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 8/18/17
Denied - Closed
Filled - Closed 8/18/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 145
Rec'd Date 8/18/17
Ready Date 8/18/17
Total Pages 3

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nalbett
Custodian Signature

8/18/17
Date

1146

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Joshua MI K Last Name Givner, Esq.

E-mail Address jgivner@hurvitzlaw.com

Mailing Address c/o Hurvitz & Waldman LLC, 1008 S. New Road

City Pleasantville State NJ Zip 08232

Telephone 609-383-2300 FAX 609-383-8333

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 8/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

THE ENTIRE PERMIT FILE FOR CONSTRUCTION OF A NEW/RECENT RESIDENCE AT 47 FLAMINGO DRIVE

RECEIVED '17 AUG21 AM10:01
BOROUGH CLERKS OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	8/21/17
Denied	-	Closed	
Filled	-	Closed	8/21/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 1146
Rec'd Date 8/21/17
Ready Date 8/21/17
Total Pages 45

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Tallett
Custodian Signature

8/21/17
Date

147

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Joshua MI K Last Name Givner, Esq.

E-mail Address jgivner@hurvitzlaw.com

Mailing Address c/o Hurvitz & Waldman LLC, 1008 S. New Road

City Pleasantville State NJ Zip 08232

Telephone 609-383-2300 FAX 609-383-8333

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 8/17/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ALL TAX BILLS FOR 4714 5th AVENUE, AVALON, NJ FROM 2012 THROUGH 2016

RECEIVED '17 AUG21 AM11:11
BOROUGH CLERKS OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	8/21/17
Denied	-	Closed	
Filled	-	Closed	8/21/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 147
Rec'd Date 8/21/17
Ready Date 8/21/17
Total Pages 2

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nesbitt
Custodian Signature

8/21/17
Date

148

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Joe MI ____ Last Name Cody

E-mail Address Joecody1975@gmail.com

Mailing Address 249 80TH ST

City AVALON State NJ Zip 08202

Telephone 301-904-6813 FAX ____

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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of site survey for Beachcomer Resort - 3900 Dune Drive Avalon

AS ✓ 8/22/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress	-	Open	8/22/17
Denied	-	Closed	
Filled	-	Closed	8/22/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 148
Rec'd Date 8/22/17
Ready Date 8/22/17
Total Pages 1

Final Cost

Total .05
Deposit ____
Balance Due .05
Balance Paid .05

Records Provided

Danielle Nollett
Custodian Signature

8/22/17
Date

149

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Debra MI ____ Last Name Wilson

E-mail Address theSwilsons@verizon.net

Mailing Address 2928 Ocean Dr North

City Avalon State NJ Zip 08202

Telephone 703 403 7582 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 8/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies for permits for 2928 Ocean Dr North unit
Avalon, NJ 08202

10 letter size pages

AS 8/23/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	8/23/17
Denied	-	Closed	
Filed	-	Closed	8/23/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 149
Rec'd Date 8/23/17
Ready Date 8/23/17
Total Pages 10

Final Cost

Total .60
Deposit —
Balance Due .50
Balance Paid .50

Records Provided

Danielle Nolletto
Custodian Signature

8/23/17
Date

150

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Jenna MI ____ Last Name Ramos

E-mail Address Shutterstoshades@comcast.net

Mailing Address 3033 Dune Drive

City Avalon State NJ Zip 08202

Telephone 609-967-5800 FAX ____

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

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

Signature [signature] Date 8/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting all open New Construction Permits from 6/29/17-8/23/17.

Thank You.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	8/23/17
Denied	-	Closed	
Filled	-	Closed	8/23/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 150
Rec'd Date 8/23/17
Ready Date 8/23/17
Total Pages 3

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Tallett
Custodian Signature

8/23/17
Date

151

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 SHARON MI L Last Name CARLST

E-mail Address Sharonchrist@verizon.net

Mailing Address 801 Chestnut

City Marmora State NJ Zip 08223

Telephone 609-390-0780 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. C: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 S Christ Date 8-24-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Construction report for
July 2017

151 8/24/17 ✓

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	8/24/17
Denied	-	Closed	
Filled	-	Closed	8/24/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 151
Rec'd Date 8/24/17
Ready Date 8/24/17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

viewed on-site

Danielle Nollett
Custodian Signature

8/24/17
Date

152

Danielle Nollett

From: Craig Jordan <djordan844@aol.com>
Sent: Monday, August 28, 2017 9:26 AM
To: Danielle Nollett
Subject: Re: OPRA request

Thanks for the return Danielle.
My best guess is this would be best addressed by the Business Admin. Dept.
I know they are familiar and involved in it.
Thank you!
Craig Jordan

Sent from my iPad

> On Aug 28, 2017, at 8:32 AM, Danielle Nollett <dnollett@avalonboro.org> wrote:
>
> Good morning Mr. Jordan,
>
> I am in receipt of the below OPRA Request, however I would like some
> clarification regarding the request. Please forward which departments
> you would like to search for this information to avoid unnecessary
> searching of departments that are not involved with this request.
>
> Also, I was out of the office on Friday, which is why this
> correspondence is coming to you today. In the future, to avoid a
> delay of service, please also copy the Borough Clerk, Marie Hood, at
> mhood@avalonboro.org when submitting your requests.
>
> As soon as your clarification is received I will work on getting your
> request filled as soon as possible with response no later than
> September 6, 2017. I look forward to hearing from you soon.
>
> Have a great day,
>
> Danielle Nollett, RMC/CMR
> Deputy Borough Clerk/Deputy Registrar
>
> Borough of Avalon
> 3100 Dune Drive
> Avalon, NJ 08202
> (609) 967-5530 - Phone
> (609) 967-8471 - Fax
> dnollett@avalonboro.org
>
> -----Original Message-----
> From: Craig Jordan [mailto:djordan844@aol.com]
> Sent: Friday, August 25, 2017 2:43 PM
> To: Danielle Nollett <dnollett@avalonboro.org>
> Subject: OPRA request
>
> Hi Danielle;
>
> Sorry to bother you with another OPRA, but. Need to request this
> information...

153

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Marnie MI _____ Last Name Niederhofer

E-mail Address mniederhofer@watersedgellc.com

Mailing Address PO Box 118

City Ocean City State NJ Zip 08226

Telephone 609-249-3744 FAX 609-249-3860

Preferred Delivery: Pick Up x US Mail _____ On-Site Inspect x 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 Marnie Niederhofer Date 8-25-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

New Jersey Department of Environmental Protect Permit Plan entitled "Plan to Accompany CAFRA Permit Application 1558-1594 Ocean Drive Condo Association Block 15.05 Lots 1, 2, 3, 4 & 5 Borough of Avalon Cape May County NJ" dated June 4, 2004 and prepared by Gary Lee Thomas, NJPS for Thomas*Amey*Shaw, Inc.

NJDEP File #0501-04-0033.1 WFD 050001

For 1558-1594 Ocean Drive, Lots 1-5 Block 15.05 Avalon, Cape May County

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	8/25/17
Denied	-	Closed	
Filled	-	Closed	8/28/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 153
Rec'd Date 8/25/17
Ready Date 8/28/17
Total Pages 15

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Dellett
Custodian Signature

8/28/17
Date

154

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Dan MI R. Last Name Bowersock

E-mail Address Dan@AvalonProperties.com

Mailing Address 2789 Dune DRIVE

City Avalon State NJ Zip 08202

Telephone 602-0912 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 DER Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Dune Line Ordinance 442
Passed sometime between late 1960s – 1970.

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	8/28/17
Denied	-	Closed	
Filled	-	Closed	8/28/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 154
Rec'd Date 8/28/17
Ready Date 8/28/17
Total Pages 9

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nalbett
Custodian Signature

8/28/17
Date

155

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City 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 Jim MI ____ Last Name Brennenstuhl

E-mail Address Investec1361@msn.com

Mailing Address PO Box 1361

City Absecon State NJ Zip 08201

Telephone 6092265596 FAX 6097483772

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

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

Signature _____ Date 27 August 2017

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am a Private Detective and the investigator of record for attorney Robert Sandman with respect to an injury to his client, Chuck Schlager, resulting from an assault by Gary J Papa during August 2017. Please consider this request made under the Open Public Records Act, NJ Right to Know and common law for any records of Police, Fire or Emergency Medical Service contacts with respect to that event including but not limited to all narrative reports, written records, digital audio, still and video files, case notes, dispatch or incident logs with respect to that event; any similar records of responses by the Police, Fire, Emergency Medical Services for any other contacts with Gary J Papa; and similar records of responses by those agencies to 259 24th Street, Avalon NJ.

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

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress	-	Open	8/29/17
Denied	-	Closed	
Filled	-	Closed	9/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 155
Rec'd Date 8/29/17
Ready Date 9/7/17
Total Pages 286 +1

Final Cost

Total 1.00
Deposit ____
Balance Due 1.00
Balance Paid 1.00

Records Provided

286 pages emailed 9/7/17
1 disc ready for pickup 9/7/17
Picked up + paid 9/8/17

Danielle Nalbett
Custodian Signature

9/7/17
Date

156

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Travis MI J Last Name Marshall

E-mail Address travis@travismarshall.com

Mailing Address PO Box 339

City Avalon State NJ Zip 08202

Telephone 609-602-5000 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 8/30/20

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I HEREBY REQUEST COPIES OF THE AUDIO cdS For the Avallon Planning Board for June 13, 2017 and August 8, 2017

I hereby request copies of the audio cd's for Borough Council for July 7, 2017; June 14 and 28, 2017; May 10 and 24,2017 August 9, 2017and August 23, 2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	8/30/17
Denied	-	Closed	
Filled	-	Closed	9/8/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 156
Rec'd Date 8/30/17
Ready Date 9/8/17
Total ~~Pages~~ Discs 9

Final Cost

Total 9.00
Deposit —
Balance Due 9.00
Balance Paid 9.00

Records Provided

9 discs = $9.00
Picked up + paid 9/8/17

Danielle Nollett
Custodian Signature

9/8/17
Date

157

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Jon MI D Last Name Batastini

E-mail Address jon@lgblaw.com

Mailing Address 801 Asbury Avenue Suite 412

City Ocean City State NJ Zip 08226

Telephone 609-399-0035 FAX 609-398-6847

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 _____ Date 8/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1.) Please provide any and all documents, applications and/or minutes regarding the request to remove the Avalon deed restriction limiting construction to no more than two stories for the property located at 84 East 17th Street, Avalon, New Jersey and the outcome of the request for removal. Through information and belief, a hearing was conducted before the Borough of Avalon to remove the restriction in Deed Book 866, Page 247 (6/7/1955). The hearing likely occurred in late December 1995 through early March 1996.

2.) Please provide any and all documents, applications and/or other minutes regarding any and all requests to the Borough of Avalon to remove the deed restriction related to limiting construction to no more than two stories as contained in Deed Book 866, Page 247 (6/7/1955) and outcomes, including any recorded or unrecorded deed or other document removing or denying said deed restriction.

3.) Please provide any and all documents, applications and/or other minutes regarding any and all requests to the Borough of Avalon to remove any deed restriction related to limiting construction to no more than two stories and the outcomes, including any recorded or unrecorded deed or other document removing or denying the deed restriction.

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	8/30/17
Denied	-	Closed	
Filled	-	Closed	9/11/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 157
Rec'd Date 8/30/17
Ready Date 9/11/17
Total Pages 59

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nesbitt
Custodian Signature

9/11/17
Date

158

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
FAX 609-967-8471

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 Jenn MI ____ Last Name Reynolds

E-mail Address MCGJennr@aol.com

Mailing Address 930 Bedford Road

City York State PA Zip 17404

Telephone 717-650-2112 FAX 7147-650-2114

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

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

Signature _____ Date 08/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting copies of all Inground pool permits issued between 08/01/2017 thru 08/30/2017. Information is for research purposes only and will not be sold, homeowner will not be contacted.

Thank you

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open 9/1/17
Denied - Closed
Filed - Closed 9/1/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 158
Rec'd Date 9/1/17
Ready Date 9/1/17
Total Pages 1

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nellett
Custodian Signature

9/1/17
Date

159

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 P Last Name Vizzard

E-mail Address Jack.Vizz Ard@FoxRoach.com

Mailing Address 179-37R St.

City Avalon State NJ Zip 08202

Telephone 609 602-3296 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 9/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting All emails sent to All Avalon Borough Council Members regarding The vacated lot on 7-7R Street 60013/a

From 8/14/17 - 9/8/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	9/8/17
Denied	-	Closed	
Filled	-	Closed	9/18/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 159
Rec'd Date 9/8/17
Ready Date 9/18/17
Total Pages 23

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nesbitt
Custodian Signature

9/18/17
Date

160

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Travis MI J Last Name Marshall

E-mail Address travis@travismarshall.com

Mailing Address PO Box 339

City Avalon State Nj Zip 08202

Telephone 609-602-5000 FAX

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 Travis Marshall Date 9/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I HEREBY REQUEST A COPY OF THE AUDIO CD FOR THE SEPTEMBER 12, 2017 PLANNING BOARD MEETING.

I HEREBY REQUEST A COPY OF THE AUDIO CD FOR THE SEPTEMBER 13, 2017 BOROUGH COUNCIL WORK SESSSION AND THE BOROUGH COUNCIL REGULAR MEETING

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	9/14/17
Denied	-	Closed	
Filled	-	Closed	9/21/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	160
Rec'd Date	9/14/17
Ready Date	9/21/17
Total ~~Pages~~ Discs	3

Final Cost

Total	3.00
Deposit	—
Balance Due	3.00
Balance Paid	3.00

Records Provided

Picked up + paid 9/22/17

Danielle Mallett
Custodian Signature

9/21/17
Date

Danielle Nollett

From: Marie Hood <mhood@avalonboro.org>
Sent: Monday, September 18, 2017 8:37 AM
To: 'Danielle Nollett'
Subject: FW: SmartProcure OPRA Request Borough Of Avalon For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: cblanding@smartprocure.us [mailto:cblanding@smartprocure.us]
Sent: Monday, September 18, 2017 8:03 AM
To: mhood@avalonboro.org
Subject: SmartProcure OPRA Request Borough Of Avalon For PO/Vendor Information

Dear Marie or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Borough Of Avalon for any and all purchasing records from 2017-06-16 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the Borough Of Avalon stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=BoroughOfAvalon

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

162

Danielle Nollett

From: Candice Wisaksono <candice.wisaksono@construction.com>
Sent: Monday, September 18, 2017 1:14 PM
To: Candice Wisaksono
Subject: Building Permits Public Records Request (AUGUST 2017)

Good Afternoon,

Just a friendly reminder if you would kindly send us the monthly building permits report.

Under the Public Records Act. I am requesting an opportunity to inspect or obtain copies of public records for the month of **AUGUST 2017.** We work with the US Census Bureau helping them collect building statistics.

This is the information I would like, but I don't know if all is available:

Type of Building (store, bank, office, etc)
Type of Work (new, addition, renovation, tenant installations, etc.)
Street Address
Cost of construction
Permit issue date
Owner (with address and phone number with area code)
Contractor (with address and phone number with area code)
Architect (with address and phone number with area code)

New Residential over $75 K
New/Addition/Alteration Commercial permits over $75K
Pools over $1K

Thanks for your help with this request!
Have a great day.

Please note if you have sent the report to us already we would like to Thank you in advance and kindly disregard this request.

DODGE
DATA & ANALYTICS

Candice Romero Wisaksono
Data Researcher

T 609.336.2623 | F 609.336.2623 | E Candice.wisaksono@construction.com

Dodge Data & Analytics
300 American Metro Boulevard, Suite 185, Hamilton, NJ 08619

Dodge | Sweets

construction.com

163

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 LORI MI ____ Last Name Lane

E-mail Address lori.lane@foxroach.com

Mailing Address 289 Dune Dr.

City AVALON State NJ Zip 08202

Telephone 610-804-7571 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 Sept. 19, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

COPY of Elevation Certificate for:

623 Ocean Drive

9/19/17 AS

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	9/19/17
Denied	-	Closed	
Filled	-	Closed	9/19/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	163
Rec'd Date	9/19/17
Ready Date	9/19/17
Total Pages	4

Final Cost

Total	.20
Deposit	—
Balance Due	.20
Balance Paid	.20

Records Provided

Danielle Talbott
Custodian Signature

9/19/17
Date

164

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Martha MI ____ Last Name Wright

E-mail Address marthawrightnj@gmail.com

Mailing Address 6327th St

City Avalon State NJ Zip 08202

Telephone 609 922 0143 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 Martha Wright Date 9/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Would like a copy of site plan for new home/pool planned for 6466 Dune Drive if available

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	9/19/17
Denied	-	Closed	
Filled	-	Closed	9/20/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 164
Rec'd Date 9/19/17
Ready Date 9/20/17
Total Pages 1

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nesbitt
Custodian Signature

9/20/17
Date

165

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 VINCENT MI P Last Name CONTI

E-mail Address VCONTI@CAPEMAY.COM

Mailing Address 24 Acorn Lane

City CMCH State NJ Zip 08210

Telephone 609-367-2420 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 9/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

documentation provided to Council in support of discussion Regarding Alteration of Easement for 7A Street properties. This was discussed at Council Work Session Sept 13, 2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	9/21/17
Denied	-	Closed	
Filled	-	Closed	9/21/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 165
Rec'd Date 9/21/17
Ready Date 9/21/17
Total Pages 2

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nesbett
Custodian Signature

9/21/17
Date

1616

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Marnie MI ____ Last Name Niederhofer

E-mail Address mnlederhofer@watersedgellc.com

Mailing Address PO Box 118

City Ocean City State NJ Zip 08226

Telephone 609-249-3744 FAX 609-249-3860

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect x 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 Marnie Niederhofer Date 9-22-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of NJDEP permits, plans and correspondence for
594 22nd Street
Avalon, NJ 08202
Cape May County, NJ
Block 22.07, Lot 143

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	9/22/17
Denied	-	Closed	
Filled	-	Closed	9/25/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 1616
Rec'd Date 9/22/17
Ready Date 9/25/17
Total Pages 9 + 1 plan

Final Cost

Total 3.00
Deposit —
Balance Due 3.00
Balance Paid 3.00

Records Provided

9 pages emailed 9/25/17
1 plan ready 9/25/17 - picked up + paid 9/27/17

Danielle Nollett
Custodian Signature

9/27/17
Date

167

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Jon MI D Last Name Batastini

E-mail Address jon@lgblaw.com

Mailing Address 801 Asbury Avenue Suite 412

City Ocean City State NJ Zip 08226

Telephone 609-399-0035 FAX 609-398-6847

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 *Jon Batastini* Date 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. Memorandums issued by Jeffrey R. Hesley, CTA, Tax Assessor I Zoning Official, or his predecessor, to Amy W. Kleuskens, RMC, Borough Clerk, or her predecessor, indicating that the deed restriction limiting the building of two stories in height has been incorporated into the current Avalon Zoning Ordinance; and accordingly, the deed restriction may be released. For the last five (5) years or twenty memorandums, which ever first occurs. See attached memorandum.

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	9/22/17
Denied	-	Closed	
Filled	-	Closed	10/3/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 167
Rec'd Date 9/22/17
Ready Date 10/3/17
Total Pages 0

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

No Records found

Danielle Dellett
Custodian Signature

10/3/17
Date

168

Danielle Nollett

From: Marie Hood <mhood@avalonboro.org>
Sent: Monday, September 25, 2017 8:11 AM
To: 'Danielle Nollett'
Subject: FW: Avalon borough Building Permits - Public Records Request

Follow Up Flag: Follow up
Flag Status: Flagged

From: michelle@datarole.com [mailto:michelle@datarole.com]
Sent: Monday, September 25, 2017 8:09 AM
To: mhood@avalonboro.org
Subject: Avalon borough Building Permits - Public Records Request

Dear Marie Hood,,

NJ.8202.10702

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

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

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

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

169

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Sharon MI L Last Name Chryst

E-mail Address Sharonchryst@verizon.net

Mailing Address 801 Chestnut Ave

City Marmora State NJ Zip 08223

Telephone 609-390-0780 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 Sharon Chryst Date 9-26-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Construction reports
for August 2017

Viewed 9/26/17 KD

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	9/26/17
Denied	-	Closed	
Filled	-	Closed	9/26/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 169
Rec'd Date 9/26/17
Ready Date 9/26/17
Total Pages —

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Viewed on-site

Danielle Nalbone
Custodian Signature

9/26/17
Date

170

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Bob MI J Last Name Scully

E-mail Address Bob@AvalonSales.com

Mailing Address 3348 Ocean Drive

City Avalon State NJ Zip 08270

Telephone 609 408 1000 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 9/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Permits For 174 S Dolphin Drive

Copy Bulkhead CAFRA permit & Survey

30 @ 5¢ = 15

10 @ 7 = 7

22

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	9/28/17
Denied	-	Closed	
Filled	-	Closed	9/28/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	170
Rec'd Date	9/28/17
Ready Date	9/28/17
Total Pages	4

Final Cost

Total	.22
Deposit	—
Balance Due	.22
Balance Paid	.22

Records Provided

Paid 9/28/17

Danielle Nellett
Custodian Signature

9/28/17
Date

171

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI Chris Last Name Gallagher

E-mail Address chris.gallagher@timkerrsir.com

Mailing Address 2821 Dune Dr.

City Avalon State NJ Zip 08202

Telephone 609-967-7950 FAX

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

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

Signature Joseph Gallagher Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2800 Boardwalk – Block: 28.01 – Lot: 11.03
Copies of permits for piling work structural & Raising Deck.

AS 10/2/17 ✓
9 letter size

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	10/2/17
Denied	-	Closed	
Filled	-	Closed	10/2/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	171
Rec'd Date	10/2/17
Ready Date	10/2/17
Total Pages	9

Final Cost

Total	.45
Deposit	—
Balance Due	.45
Balance Paid	.45

Records Provided

Danielle Tallett
Custodian Signature

10/2/17
Date

172

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
Fax: 609-967-8471

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 Jenn MI L Last Name Fuson

E-mail Address jcarroll@accelevator.com

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005

Telephone 609-660-8000 FAX 609-660-8336

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

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

Signature Jenn Fuson Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

I am requesting a list, or copies, of demolition permits & house raising permits issued from June 1, 2017 through October 1, 2017.

This can be emailed or faxed.

Thank you very much!
Jenn

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 10/2/17
Denied - Closed ~~10/2/17~~
Filled - Closed 10/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 172
Rec'd Date 10/2/17
Ready Date 10/3/17
Total Pages 10

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Tallett
Custodian Signature

10/3/17
Date

173

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Andrew MI _____ Last Name Sherman

E-mail Address andrew@visitsoundadvice.com

Mailing Address 336 96th St

City Stone Harbor State NJ Zip 08247

Telephone 609-368-2626 FAX 888-908-5995

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 *Andrew Sherman* Date 10/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

All Open New Construction/Building Permits Dated Aug 1st 2017 to Current Date

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	10/4/17
Denied	-	Closed	
Filled	-	Closed	10/4/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 173
Rec'd Date 10/4/17
Ready Date 10/4/17
Total Pages 5

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nesbitt
Custodian Signature

10/4/17
Date

174

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
FAX 609-967-8471

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 Jenn MI ____ Last Name Reynolds

E-mail Address MCGJennr@aol.com

Mailing Address 930 Bedford Road

City York State PA Zip 17404

Telephone 717-650-2112 FAX 7147-650-2114

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

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

Signature ____ Date 10/04/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting copies of all inground pool permits issued between 09/01/2017 thru 09/30/2017. Information is for research purposes only and will not be sold, homeowner will not be contacted.

Thank you

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 10/4/17
Denied - Closed ____
Filled - Closed 10/4/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 174
Rec'd Date 10/4/17
Ready Date 10/4/17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Nollett
Custodian Signature

10/4/17
Date

175

Danielle Nollett

From: ___ FOIA <foia@buildzoom.com>
Sent: Saturday, October 07, 2017 5:04 PM
To: dnollett@avalonboro.org
Subject: Freedom of Information Act Request: Building Permit Records

Follow Up Flag: Follow up
Flag Status: Completed

To whom it may concern,

I am writing to request permit records from Avalon, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Avalon, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Aug 1, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

176

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Odessa MI ____ Last Name Woolery

E-mail Address owoolery@crsdata.com

Mailing Address Courthouse Retrieval System Inc, 341 Troy Circle

City Knoxville State TN Zip 37919

Telephone (865) 584-8017 FAX (865) 584-8047

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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

An electronic file or report that lists the number of bedrooms and bathrooms for each residential parcel in Avalon, with property identifier and address.

RECEIVED
OCT 10 2017
AVALON TAX ASSESSOR

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	10/10/17
Denied	-	Closed	
Filled	-	Closed	10/11/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 176
Rec'd Date 10/10/17
Ready Date 10/11/17
Total Pages 118

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Talbott
Custodian Signature

10/11/17
Date

177

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 J Last Name McMahon

E-mail Address tmcmahon@pinnacleadv.com

Mailing Address 140 Cromwell Lane

City West Chester State Pa Zip 19380

Telephone 610-322-8074 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 J McMahon 9F2F473629984E1... Date 10/11/2017 | 11:54 AM EDT

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I own the following property in Avalon – 449 22nd Street. I would like to review the following file in person: file# / Application # PZ05-02

- **Property Address – 449 22nd Street – Avalon**
- **Applicant name on file – Jordan**
- **The applicant filed for a zoning variance in Year 2005 in order to build an addition to the existing dwellings and was denied the variance request. I need to review copy the building plans, requested zoning relief and any other files available for the property.**
- **I can be available Friday afternoon on 10/13/17 to inspect the file**
- **My contact # 610-322-8074**

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	10/11/17
Denied	-	Closed	
Filled	-	Closed	10/13/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 177
Rec'd Date 10/11/17
Ready Date 10/13/17
Total Pages 5

Final Cost

Total .35
Deposit —
Balance Due .35
Balance Paid .35

Records Provided

Viewed on-site 10/13/17
Bought 5 legal pages @.07 = .35
paid 10/13/17

Danielle Ballett
Custodian Signature

10/13/17
Date

178

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

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 ____ Last Name Lukoff, PE

E-mail Address RICH@LEAMBC.COM

Mailing Address 1999 MARLTON PIKE EAST, SUITE #L-5

City Cherry Hill State NJ Zip 08003

Telephone 609-502-8880 FAX 856-751-3849

Preferred Delivery: Pick Up ____ US Mail (2nd choice) On-Site Inspect ____ Fax ____ E-mail (1st choice)

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 R B Lukoff Date 10-11-17

Payment Information

Maximum Authorization Cost $ 100.00

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.

Construction Office file for: 1809 1st Ave., Avalon
need copy of complete file, including drawings, plan review and field inspection comments, permits, etc.
get me the cost for printing/delivery, and I will send you a check immediately.
Thanks!
R.B. Lukoff 10-11-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress	-	Open	10/11/17
Denied	-	Closed	
Filled	-	Closed	10/13/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	178
Rec'd Date	10/11/17
Ready Date	10/13/17
Total Pages	79

Final Cost

Total	33.65
Deposit	
Balance Due	33.65
Balance Paid	

Records Provided

9 plans @ 3.00 each = 27.00
mailing fee = 6.65
Total cost = $33.65
paid + mailed 10/24/17

Danielle Nollett 10/13/17
Custodian Signature Date

179

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 ____ Last Name Hemmelstein

E-mail Address roberthim@icloud.com

Mailing Address PO Box 218

City Somers point State NJ Zip 08244

Telephone 609-665-4004 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 Robert Hemmelstein Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

~~March, April~~ June, construction permits for July, August, September.

2017

Thank you

Robert

roberthim@icloud.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	10/13/17
Denied	-	Closed	
Filled	-	Closed	10/13/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 179
Rec'd Date 10/13/17
Ready Date 10/13/17
Total Pages 75

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Pollett
Custodian Signature

10/13/17
Date

180

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Beatrice MI ____ Last Name Gonglik

E-mail Address ____

Mailing Address 603 Recreation Dr

City EFFORT State PA Zip 18330

Telephone 570-594-4118 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 $

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.

Resolution - PZ # 16-07

R. Hoy

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	10/16/17
Denied	-	Closed	
Filled	-	Closed	10/16/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	180
Rec'd Date	10/16/17
Ready Date	10/16/17
Total Pages	6

Final Cost

Total	.42
Deposit	____
Balance Due	.42
Balance Paid	.42

Records Provided

6 pages @ .07 = .42

Danielle Pollett
Custodian Signature

10/16/17
Date

181

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 VINCE MI P Last Name CONTI

E-mail Address VINCECNT@AOL.COM

Mailing Address 24 ACORN LANE

City CMCH State NJ Zip 08210

Telephone 609-367-2420 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 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

COPY OF ACTION TAKE FLOWING BOROUGH COUNCIL CLOSED SESSION 10/16/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	10/16/17
Denied	-	Closed	
Filled	-	Closed	10/16/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 181
Rec'd Date 10/16/17
Ready Date 10/16/17
Total Pages 2

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Mallett
Custodian Signature

10/16/17
Date

182

Danielle Nollett

From: vincecnt@aol.com
Sent: Monday, October 16, 2017 5:11 PM
To: dnollett@avalonboro.org
Subject: Planning Board Action

Follow Up Flag: Follow up
Flag Status: Flagged

Please provide me with a copy of any action taken by the Avalon Planning Board as a result of their meeting today, October 16, 2017.

Thank You

Vince Conti
Cape May County Herald
609-367-2420

183

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Jenna MI M Last Name Ramos

E-mail Address Shutterstoshades@comcast.net

Mailing Address 3033 Dune Dr.

City Avalon State NJ Zip 08202

Telephone _____ FAX _____

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

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

Signature _____ Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting ALL open New Construction / Demolition Permits from 4/1/17 - today.

Thank You.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	-	Open	10/17/17
Denied	-	Closed	
Filed	-	Closed	10/17/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 183
Rec'd Date 10/16/17
Ready Date 10/17/17
Total Pages 16

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nollett
Custodian Signature

10/17/17
Date

184

Danielle Nollett

From: Candice Wisaksono <candice.wisaksono@construction.com>
Sent: Tuesday, October 17, 2017 10:39 AM
To: Candice Wisaksono
Subject: Building Permits Public Records Request (SEPTEMBER 2017)

Good Morning,

Just a friendly reminder if you would kindly send us the monthly building permits report.

Under the Public Records Act. I am requesting an opportunity to inspect or obtain copies of public records for the month of **SEPTEMBER 2017.** We work with the US Census Bureau helping them collect building statistics.

This is the information I would like, but I don't know if all is available:

Type of Building (store, bank, office, etc)

Type of Work (new, addition, renovation, tenant installations, etc.)

Street Address

Cost of construction

Permit issue date

Owner (with address and phone number with area code)

Contractor (with address and phone number with area code)

Architect (with address and phone number with area code)

New Residential over $75 K

New/Addition/Alteration Commercial permits over $75K

Pools over $1K

Thanks for your help with this request!

Have a great day.

Please note if you have sent the report to us already we would like to Thank you in advance and kindly disregard this request.

185

Danielle Nollett

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 4:38 PM
To: mhood@avalonboro.org; dnollett@avalonboro.org
Subject: OPRA Request (0501.CAPE MAY_AVALON BORO)
Attachments: 0501.CAPE MAY_AVALON BORO.pdf

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

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

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

1860

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 SHARON MI L Last Name CHRYST

E-mail Address sharonchryst@verizon.net

Mailing Address 801 Chestnut

City Marmora State NJ Zip 08223

Telephone 609-390-0780 FAX

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

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

Signature [signature] Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Construction reports September 2017

10/23/17 AS ✓

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	10/23/17
Denied	-	Closed	
Filled	-	Closed	10/23/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 1860
Rec'd Date 10/23/17
Ready Date 10/23/17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

On-site Inspect

Danielle Nesbitt
Custodian Signature

10/23/17
Date

187

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Vincent MI P Last Name Conti

E-mail Address vconti@cmcherald.com

Mailing Address 24 Acorn Lane

City CMCH State NJ Zip 08210

Telephone _____ FAX _____

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 10/23/2017

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
Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge dependent upon request.

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

Copy of the Borough of Avalon's 2008 fair share housing plan also known as the 2008 housing element and fair share plan, along with an subsequent changes, amendments or alterations to that 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 10/23/17
Denied - Closed
Filled - Closed 10/23/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 187
Rec'd Date 10/23/17
Ready Date 10/23/17
Total Pages 18

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Nollett
Custodian Signature

10/23/17
Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

188

Important Notice

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

Requestor Information – Please Print

First Name Justin MI _____ Last Name Flood

E-mail Address ocnjflood@gmail.com

Mailing Address 22 Arkansas Ave

City Ocean City State NJ Zip 08226

Telephone 610-585-3730 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 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

-AND-

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Est. Document Cost		Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # 188 Rec'd Date 10/26/17 Ready Date 10/26/17 Total Pages 10
Est. Delivery Cost			Final Cost Total Deposit Balance Due Balance Paid
Est. Extras Cost			
Total Est. Cost			
Deposit Amount			
Estimated Balance			
Deposit Date		In Progress - Open 10/26/17 Denied - Closed Filled - Closed 10/26/17 Partial - Closed	Records Provided Danielle Pollett Custodian Signature 10/26/17 Date

DEPOSITS

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

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

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

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

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

- ☒ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☒ Legislative records
- ☒ Law enforcement records:
  - ☒ Medical examiner photos
  - ☒ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
  - ☒ Victims' records
- ☒ Trade secrets and proprietary commercial or financial information
- ☒ Any record within the attorney-client privilege
- ☒ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☒ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☒ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☒ Information which, if disclosed, would give an advantage to competitors or bidders
- ☒ Information generated by or on behalf of public employers or public employees in connection with:
  - ☒ Any sexual harassment complaint filed with a public employer
  - ☒ Any grievance filed by or against an employee
  - ☒ Collective negotiations documents and statements of strategy or negotiating
- ☒ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☒ Information that is to be kept confidential pursuant to court order
- ☒ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☒ Social security numbers
- ☒ Credit card numbers
- ☒ Unlisted telephone numbers
- ☒ Drivers' license numbers
- ☒ Certain records of higher education institutions:
  - ☒ Research records
  - ☒ Questions or scores for exam for employment or academics
  - ☒ Charitable contribution information
  - ☒ Rare book collections gifted for limited access
  - ☒ Admission applications
  - ☒ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☒ Biotechnology trade secrets **N.J.S.A. 47:1A-1.2**
- ☒ Convicts requesting their victims' records **N.J.S.A. 47:1A-2.2**

189

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Inv. Vincent MI T Last Name Jiacopello

E-mail Address vincent.jiacopello@treas.nj.gov

Mailing Address 1915 New Rd.

City Northfield State N.J. Zip 08225

Telephone 609-645-6632 FAX 609-646-1443

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 Vincent Jiacopello Date 10/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

List of ice cream truck vendors for the last 4 years.

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 10/26/17
Denied - Closed _____
Filled - Closed 10/26/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 189
Rec'd Date 10/26/17
Ready Date 10/26/17
Total Pages 4

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Danielle Nesbitt
Custodian Signature

10/26/17
Date

190

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Martha MI ____ Last Name Wright

E-mail Address marthawrightnj@gmail.com

Mailing Address 632 7th St

City Avalon State NJ Zip 08202

Telephone 609 922 0143 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 MarthaWright Date 10/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

would like a copy of monthly reports of officials as approved by council for the month of September 2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	10/27/17
Denied	-	Closed	
Filled	-	Closed	10/27/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 190
Rec'd Date 10/27/17
Ready Date 10/27/17
Total Pages 32

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Follett
Custodian Signature

10/27/17
Date

191

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 JAY MI ____ Last Name GROSSBERG

E-mail Address jgrossberg@dolmerbl.net

Mailing Address 1770 Hartville Rd

City Deptford State NJ Zip 08080

Telephone 646-856-1212 FAX ____

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

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

Signature [signature] Date 11/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Photo copy of All bids for the solid wask & Recycling & contracts.

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	11/1/17
Denied	-	Closed	11/3/17
Filled	-	Closed	✓
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 191
Rec'd Date 11/1/17
Ready Date ____
Total Pages ~~1125~~

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ✓

Records Provided

Request denied 11/3/17

Danielle Nolletti
Custodian Signature

11/3/17
Date

192

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
FAX 609-967-8471

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 Jenn MI ____ Last Name Reynolds

E-mail Address MCGJennr@aol.com

Mailing Address 930 Bedford Road

City York State PA Zip 17404

Telephone 717-650-2112 FAX 7147-650-2114

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

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

Signature _____ Date 11/03/17

Payment Information

Maximum Authorization Cost $.

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting copies of all inground pool permits issued between 10/01/2017 thru 10/31/2017. Information is for research purposes only and will not be sold, homeowner will not be contacted.

Thank you

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 11/3/17
Denied - Closed ____
Filled - Closed 11/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 192
Req'd Date 11/3/17
Ready Date 11/3/17
Total Pages 3

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

Records Provided

Danielle Odell
Custodian Signature

11/3/17
Date

193

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202
Fax: 609-967-5471

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 Jenn MI L Last Name Fuson

E-mail Address jcarroll@accelevator.com

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005

Telephone 609-660-8000 FAX 609-660-8336

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

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

Signature [signature] Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

I am requesting a list, or copies, of demolition permits & house raising permits issued from August 1, 2017 through November 1, 2017.

This can be emailed or faxed.

Thank you very much!
Jenn

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 11/6/17
Denied - Closed ____
Filed - Closed 11/6/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 193
Rec'd Date 11/6/17
Ready Date 11/6/17
Total Pages 7

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

Records Provided

Danielle Nellett
Custodian Signature

11/6/17
Date

194

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Martha MI ____ Last Name Wright

E-mail Address marthawrightnj@gmail.com

Mailing Address 632 7th St

City Avalon State NJ Zip 08202

Telephone 609 922 0143 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 Martha Wright Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Seeking most recent copy of site plan for 555 7th St. along with landscaping plan (if available) and pool plan (if available). Prefer digital. Thank you.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress	-	Open	11/6/17
Denied	-	Closed	
Filled	-	Closed	11/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 194
Rec'd Date 11/6/17
Ready Date 11/7/17
Total Pages 3

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Nollett
Custodian Signature

11/7/17
Date

195

Danielle Nollett

From: Kathleen Lyons <K.Lyons@constructionjournal.com>
Sent: Tuesday, November 07, 2017 7:59 AM
To: dnollett@avalonboro.org
Subject: Request for submittal lists for 3 RFPs for Collection & Disposal

Hi Danielle,

I just left a message wondering if you could forward the submittal lists/tabulations for the following. Thank you very much for your time and have a great day!

Proj Num: 18-01 Collection and Disposal of Municipal Solid Waste CJ ID: 1488249
Proj Num: 18-02 Collection and Disposal of Municipal Recycling Materials CJ ID: 1488250
Proj Num: 18-03 Collection and Disposal of Municipal Bulk Waste Materials CJ: 1488251

Thank You,

Kathy Lyons
Data Specialist
Construction Journal
(800) 785-5165 Phone x 442
(800) 581-7204 Fax
K.Lyons@constructionjournal.com

196

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name Martha MI ____ Last Name Wright

E-mail Address marthawrightnj@ymail.com

Mailing Address 632 7th St

City Avalon State NJ Zip 08202

Telephone 609 922 0143 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 Martha Wright Date 11/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Seeking construction permit (if applied for) for dock/walkway work being done at 642 7th St.

This permit ~~would be prior~~ or any other application related to this property would be dated Jan. 1, 2016 or later. No interest in any prior permits.

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	11/9/17
Denied	-	Closed	
Filled	-	Closed	11/14/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 196
Rec'd Date 11/9/17
Ready Date 11/14/17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No Records Found

Danielle Dallett
Custodian Signature

11/14/17
Date

197

Danielle Nollett

From: Marie Hood <mhood@avalonboro.org>
Sent: Tuesday, November 07, 2017 11:04 AM
To: 'Danielle Nollett'
Subject: FW: STAR-LEDGER OPRA REQUEST: USE OF FORCE CAPE MAY
Attachments: OPRA UOF .pdf

From: Craig Mccarthy [mailto:CMCCARTHY@njadvancemedia.com]
Sent: Tuesday, November 07, 2017 10:43 AM
To: Craig Mccarthy <CMCCARTHY@njadvancemedia.com>
Subject: STAR-LEDGER OPRA REQUEST: USE OF FORCE CAPE MAY

Please see attached OPRA from the Star-Ledger. If you are not the custodian of records could you please forward to the appropriate person or department.

Additionally, please confirm that you have received.

Thank you

Craig Mccarthy | Reporter
NJ Advance Media
Woodbridge Corporate Plaza 485 Route 1 South | Iselin, NJ 08830
p: 732-372-2078
f: 732-243-2840
e: CMCCARTHY@njadvancemedia.com
t: @createcraig

198

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 ____ Last Name Seader

E-mail Address RDMailbiN@Yahoo.com

Mailing Address 1779 Ocean Drive

City Avalon State NJ Zip 08202

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 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Addendum Memorandum
Review Memo
PZ# 1704

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	11/13/17
Denied	-	Closed	
Filled	-	Closed	11/13/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	198
Rec'd Date	11/13/17
Ready Date	11/13/17
Total Pages	3

Final Cost

Total	.15
Deposit	—
Balance Due	.15
Balance Paid	.15

Records Provided

Custodian Signature ____ Date ____

199

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Joe MI R Last Name Grubb

E-mail Address KGproperty management@outlook.com

Mailing Address 216 Rt 50

City Greenfield State NJ Zip 08230

Telephone 609 602-4044 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 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2014 submitted Nbid packet (accepted) for 3 year landscaping Contract ending in 2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open 11/13/17
Denied - Closed 11/14/17
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 199
Rec'd Date 11/13/17
Ready Date 11/14/17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Request denied

Danielle Tallett
Custodian Signature

11/14/17
Date

200

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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Requestor Information – Please Print

First Name Albert MI M Last Name Belmont, III

E-mail Address abelmont@bochettoandlentz.com

Mailing Address Bochetto & Lentz, P.C., 1524 Locust Street

City Philadelphia State PA Zip 19102

Telephone 215-735-3900 ~~Fax~~ 215-735-2455

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 Albert M Belmont III Date November 14, 2017

Payment Information

Maximum Authorization Cost $ 100.00

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.

All plats, plans, inspection reports, engineering reports, and/or certificates, permit requests, permits issued, certificates of occupancy issued, and any other documents comprising the Municipal construction and/or Planning file with respect to or regarding the property located at 7929 Dune Drive, Avalon, NJ 08202, Block 79.03, Lot 11, known as the condominium Oceanview at Avalon.

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 11/14/17
Denied - Closed
Filed - Closed 11/28/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 200
Rec'd Date 11/14/17
Ready Date 11/21/17
Total Pages 79

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

ready to view - 11/21/17
viewed on-site - 11/27/17 + requested copies
copies emailed 11/28/17

Danielle Mellett
Custodian Signature

11/28/17
Date

201

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Eric MI L Last Name Smith

E-mail Address esmith5108@aol.com

Mailing Address 105 Kathy Lane

City Egg Harbor Twp. State NJ Zip 08234

Telephone 609-926-8140 FAX 609+926+3874

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 11/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am looking for the resolution for the 2015, 2016, 2017 Maintenance of Borough Owned Grounds contract. (lawn maintenance)

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 11/14/17
Denied - Closed
Filled - Closed 11/14/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 201
Rec'd Date 11/14/17
Ready Date 11/14/17
Total Pages 3

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Danielle Talbott
Custodian Signature

11/14/17
Date

202

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM
3100 Dune Drive
Avalon, New Jersey 08202

Important Notice

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

Requestor Information – Please Print

First Name PETER MI E Last Name Compare

E-mail Address PETERcompare@MAC.com

Mailing Address 213 E. STOCKTON Road

City Wildwood Crest State NJ Zip 08260

Telephone 609-780-4289 FAX 609-368-8552

Preferred Delivery: Pick Up [illegible] 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 11/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE THE FOLLOWING:

Police Report

DATE: SUNDAY OCTOBER 15th 2017

CALL: WINDRIFT HOTEL

TIME: EARLY MORNING HOURS

INDIVIDUAL: PARIS M. MINOR
Woodbury NJ

*Police were called by WINDRIFT.

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	11/15/17
Denied	-	Closed	
Filled	-	Closed	11/15/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # 202
Rec'd Date 11/15/17
Ready Date 11/15/17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Nollett
Custodian Signature

11/15/17
Date

203

BOROUGH OF AVALON

OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 L Last Name SMITH II

E-mail Address sales.dept@schulersecurity.com

Mailing Address SCHULER SECURITY, INC., PO BOX 727

City MARMORA State NJ Zip 08223

Telephone 609 390 1003 FAX 609 390 9598

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ✓ OR 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 11/15/17

Payment Information

Maximum Authorization Cost #

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

LIST OF CONSTRUCTION PERMITS ISSUED BY BOROUGH of AVALON FOR THE MONTHS OF AUGUST, SEPTEMBER, OCTOBER 2017

TO GENERATE BUSINESS LEADS FOR SECURITY SYSTEMS

PLEASE FAX OR E-MAIL WHICHEVER IS MOST CONVENIENT FOR YOU.

THANK YOU

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress • Open 11/15/17
Denied • Closed
Filled • Closed 11/21/17
Partial • Closed

AGENCY USE ONLY

Tracking Information

Tracking # 203
Rec'd Date 11/15/17
Ready Date 11/21/17
Total Pages 30

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Danielle Nellett 11/21/17
Custodian Signature Date

204

Danielle Nollett

From: Candice Wisaksono <candice.wisaksono@construction.com>
Sent: Monday, November 20, 2017 10:16 AM
To: Candice Wisaksono
Subject: Building Permits Public Records Request (OCTOBER 2017)

Good Morning,

Just a friendly reminder if you would kindly send us the monthly building permits report.

Under the Public Records Act. I am requesting an opportunity to inspect or obtain copies of public records for the month of **OCTOBER 2017.** We work with the US Census Bureau helping them collect building statistics.

This is the information I would like, but I don't know if all is available:

Type of Building (store, bank, office, etc)

Type of Work (new, addition, renovation, tenant installations, etc.)

Street Address

Cost of construction

Permit issue date

Owner (with address and phone number with area code)

Contractor (with address and phone number with area code)

Architect (with address and phone number with area code)

New Residential over $75 K

New/Addition/Alteration Commercial permits over $75K

Pools over $1K

Thanks for your help with this request!

Have a great day.

Please note if you have sent the report to us already we would like to Thank you in advance and kindly disregard this request.

205

BOROUGH OF AVALON
OPEN PUBLIC RECORDS ACT REQUEST FORM

3100 Dune Drive
Avalon, New Jersey 08202

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 Michael MI J Last Name Countess

E-mail Address mcountess@aclengineers.com

Mailing Address 1 Washington Blvd, Suite 3

City Robbinsville State NJ Zip 08691

Telephone 609-918-0200 237 FAX 609-918-1411

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 Michael J Countess Date 11/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are looking for the Request for Proposal for the 2014 Back Bay Dredging. This RFP was put out for bid on September 26, 2014 and awarded to Mobile Dredging & Pumping Company on October 22, 2014. The bid submitted by Mobile Dredging would also be helpful.

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 11/20/17
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 205
Rec'd Date 11/20/17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____