



Borough of Deal OPEN PUBLIC RECORDS ACT REQUEST FORM

190 Norwood Avenue
732-531-1454/Fax 732-531-1705
WWW.DEALNJ.ORG
Stephen R. Carasla Agency Custodian



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 LOIS MI D Last Name SUTTON
E-mail Address LSUTTON@LOISSUTTONLAW.COM
Mailing Address 1505 ALLEN AVENUE
City OCEAN State NJ Zip 07712
Telephone 732 245 4500 FAX 732 909-2015
Preferred Delivery: Pick US Mail On-Site X 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 3/21/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 B
per page
Legal size pages - \$0.07 B
per page

Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type. 62.00

Extras: Special service charge dependent upon request.

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

Property: 18 Campbell Court, Deal, NJ
LOT 2 Block 23 Current Owner: Worth Family Trust
Complete Building and Construction File
including open and closed permits.

PLEASE CALL AS SOON AS AVAILABLE

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 #	Final Cost				
Est. Delivery Cost	_____		Rec'd Date	Total	<u>\$1.31</u>			
Est. Extras Cost	_____		Ready Date	Deposit	_____			
Total Est. Cost	_____		Total Pages	Balance Due	_____			
Deposit Amount	_____			Balance Paid	_____			
Estimated Balance	_____		Records Provided					
Deposit Date	_____							
		In Progress - Open	 Custodian Signature					
		Denied - Closed				<u>3/22/17</u> Date		
		Filled - Closed						
		Partial - Closed						

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Requestor Information - Please Print

First Name Matthew MI Last Name Anderson
 E-mail Address matth.anderson732@gmail.com
 Mailing Address 4 Stratton Pl
 City Middletown State NY Zip 07748
 Telephone 732 615 7848 FAX
 Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 1/9/17

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.

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City I am requesting the 2017 Re-organization
 Tel: meeting minutes and list of Professional
 Pref: Appointments.
 Type:
 C-2:
 e-ib:
 Sign:
 Rec:
 prefe:
 DE:
 City:

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

EMailed ACONOA
 PROF APPOINTMENT RESOLUTION

[Signature]
 Custodian Signature

1/10/16
 Date

State of New Jersey Standard
Open Public Records Act Request Form

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

Requestor Information – Please Print

First Name Doris MI Last Name Kobza

E-mail Address Permit@NJPeia.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

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

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

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

Signature [Signature] Date 1/04/2017

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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Please provide a Permit Fee Log Detail Report or Permit Activity December 2016

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

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Faxed 1/13/17

[Signature]



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Stephen R. Carasia Agency Custodian



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Requestor Information – Please Print

First Name Lawrence MI E. Last Name Bradford
E-mail Address Lbradford@sillscummis.com
Mailing Address One Riverfront Plaza
City Newark State NJ Zip 07102
Telephone (973) 643-5983 FAX (973) 643-6500
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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 12/22/2016

Payment Information

Maximum Authorization Cost \$
Select Payment Method
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.
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All communications with the U.S. Army Corps of Engineers and the New Jersey Department of Environmental Protection regarding the the following: (1) the beach replenishment activities and/or storm protection activities performed in 2015 or 2016 in the area south of Deal Esplanade, north of Neptune Avenue, east of Ocean Avenue including any area of the waterfront; (2) the storm water conveyance systems (including piping, manholes, outfalls, and inlets) in the area south of Deal Esplanade, north of Neptune Avenue, east of Ocean Avenue; (3) the design of all features associated with beach replenishment activities and/or storm protection activities performed since 2011 in the area south of Deal Esplanade, north of Neptune Avenue, east of Ocean Avenue including any area of the waterfront; and (4) the storm water outfall pipe extending from beneath the property known as 5 Monmouth Terrace, Deal, N.J. to the beach/waterfront area east of 5 Monmouth Terrace.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided
EMAILS AND MEETING AGENDAS ON FILE.
Custodian Signature [Signature] Date 1/9/17

JAN 06 2017



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Requestor Information - Please Print

First Name Jill MI Last Name Brody
 E-mail Address jhb@appcon.com
 Mailing Address 293 Eisenhower Pkwy Suite 200
 City Livingston State NJ Zip 07039
 Telephone 973-994-7400 ext. 106 FAX 973-994-3493
 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 Alex Brody Date 1/5/17

Payment Information

Maximum Authorization Cost \$

Select Payment MethodCash 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.

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I would like to request the property record card with
 building description for
 124 Ocean Avenue
 Block 27
 Lot 12
 Thank you

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

AGENCY USE ONLY

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In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

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Tracking Information

Tracking #	Total	Final Cost
Rec'd Date <u> </u>	Deposit <u> </u>	
Ready Date <u> </u>	Balance Due <u> </u>	
Total Pages <u> </u>	Balance Paid <u> </u>	

Records Provided

Property CARD

Stephen Carasla 1/9/17
 Custodian Signature Date



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Requestor Information – Please Print

First Name Julie MI Last Name Goldman
E-mail Address Julie.Goldman@dol.lps.state.nj.us
Mailing Address 25 Market Street, PO Box 093 EPAC Section
City Trenton State NJ Zip 08625
Telephone 609-984-3848 FAX 609-341-5030
Preferred Delivery: Pick Up US Mail X 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 Julie Goldman Date 1/4/2017

Payment Information

Maximum Authorization Cost \$100.00
Please contact with amount

Select Payment Method

Cash Check X Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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Any and all documents including applications, attachments, plans submitted to the Building, Planning and/or Zoning department for approval/permits and any and all approvals, denials, or correspondence related to those applications for 11 Marine Place, Deal, NJ, Block 56/Lot 2 for the years 2010, 2011, 2012, and 2013.

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

Deposit Date

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Partial - Closed

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Tracking Information

Tracking # Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid

Records Provided

PERMITS AND VIOLATIONS ISSUED

Stephen Carasia 1/9/17
Custodian Signature Date

Stephen Carasia

From: Racioppi, Dustin <Racioppi@northjersey.com>
Sent: Tuesday, January 03, 2017 4:14 PM
To: Administrator@dealborough.com
Subject: OPRA request

EMAILED 1/10/17
Sean

Good afternoon.

Under the Open Public Records Act, I am writing to request all vouchers, purchase orders and/or invoices detailing the total paid by Deal in each of the last three fiscal years for legal notices in newspapers. If possible, please note the reason for the legal notice(s) and the newspaper(s) in which they were published. A detailed vendor activity report typically contains such information.

I agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed \$25. If the cost will be more than this amount, please contact me as soon as possible to discuss the fee. My email is racioppi@northjersey.com and my cell phone is 732-513-7780.

If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the redacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision to withhold any information and/or to dispute fees charged.

Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than the seven (7) business days required by law.

Dustin Racioppi
State House reporter

The Record



**USA TODAY
NETWORK**

Mobile: 732-513-7780
Office: 609-984-6623
racioppi@northjersey.com
[@dracioppi](https://twitter.com/dracioppi)

NorthJersey.com

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2016.0.7996 / Virus Database: 4749/13698 - Release Date: 01/03/17



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Requestor Information – Please Print

First Name Lois MI D Last Name Sutton, Esq
E-mail Address LSuttonesq@aol.com
Mailing Address 1505 Allen Ave
City Ocean State NE Zip 07712
Telephone 732 245 4500 FAX 932 902 2015
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 1/25/2017

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
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Building, Zoning + Construction files for
20 Wallace Ave
Deal, Lot 3 Block 29
Current owner: Betesh, Eddie

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

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In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

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Tracking Information

Tracking # _____
Rec'd Date 1/25/17
Ready Date 1/27/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

1/27/16 LEFT MESSAGE

[Signature]
Custodian Signature

1/27/17
Date



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Requestor Information - Please Print

First Name Andrew MI L Last Name Chambarry
 E-mail Address AChambarry@gillandchamas.com
 Mailing Address 655 N. Florida Grove Rd.
 City Woodbridge State NJ Zip 07095
 Telephone 732-324-7600 FAX 732-324-7606
 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 1-26-17

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

Regarding the public beachfront property located at/or behind
 10 Roosevelt Ave., Deal, NJ (Block 14; Lot 17):
 Please Provide:
 ① Bidding and proposal forms for the planting of grass;
 ② Any and all documents in your possession regarding any work
 done on that property for the last year.

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

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

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 In Progress - Open _____
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 Partial - Closed _____

Tracking Information
 Tracking # _____
 Rec'd Date 1/26/17
 Ready Date 1/30/17
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
No Records Exist
[Signature] 1/30/17
 Custodian Signature Date