Borough of Deal

OPEN PUBLIC RECORDS ACT REQUEST FORM

190 Norwood Avenue
732-531-1454/Fax 732-531-1705
WWW.DEALNJ.ORG
Stephen R. Carasia 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 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 _____ 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.

1. Any and all documents relating to the purchase of "$100,000" worth of equipment to "clean the beaches".

2. Any and all written complaints regarding parking on the five streets listed in Ordinance 1143 within the last seven years.

3. Accounting of beach revenues for 10 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 _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 4/5/17
Ready Date 4/6/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

INVOICE,
BUDGET AND AUDITS ONLINE

Stephen Carasia 4/6/17
Custodian Signature Date

Borough of Deal

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732-531-1454/Fax 732-531-1705

WWW.DEALNJ.ORG

Stephen R. Carasia Agency Custodian

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Requestor Information – Please Print

First Name R S. MI _____ Last Name GASIOROWSKI

E-mail Address GASIOROWSKILAW@gmail.com

Mailing Address 54 BROAD STREET

City RED BANK State NJ Zip 07701

Telephone 732-212-9930 FAX 732-219-9980

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 4/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

See Schedule A ATTACHED.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 4/4/17

Ready Date 4/6/17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

APPLICATION SENT

Custodian Signature

4/6/17

Date

Borough of Deal

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WWW.DEALNJ.ORG

Stephen R. Carasia Agency Custodian

Important Notice

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Requestor Information – Please Print

First Name Barbara MI L Last Name Coffey

E-mail Address Bobbi Coffey @ Yahoo. Com

Mailing Address 85 Norwood Ave

City Deal State NJ Zip 07723

Telephone 917-941-9910 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 4-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- Town laws regarding camps - licencing & permitting.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 4/10/17

Ready Date 4/10/17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

MERCANTILE LICENSE

[signature] Custodian Signature

4/10/17 Date

Borough of Deal

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Requestor Information – Please Print

First Name Barbara MI L Last Name CoPPs

E-mail Address Bobbi.CoPPs@Yahoo.com

Mailing Address 85 Norwood Ave

City Deal State NJ Zip 07723

Telephone 917-941-9910 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 4-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- ~~After~~ Any paper work or information about the DSW using the land/Facility year round or before Memorial Day.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

LEASE AGREEMENT

[signature] Custodian Signature

4/10/17 Date

Borough of Deal

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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 X or 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 [redacted]

Signature [signature] Date 4-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

[illegible] 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. Revenue Account Status Reports;

2. Detailed General Ledgers;

for 2015, 2014, 2013, 2012, 2011 and 2010.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

2010-2015 Revenue Acct Status
2010-2015 GL Trial Balance
Both from Edmunds System

Steph Carasia 4/10/17
Custodian Signature Date

VILLAGE OF
LOCH ARBOUR

550 MAIN STREET
LOCH ARBOUR, NJ 07711
(732) 531-4740
FAX (732) 531-3778

REQUEST FOR PUBLIC RECORDS

(Information, instructions and copying fees are on the other side of this form)

me of person
questing record: JENNIFER S. KRIMKO, ESQUIRE

dress: 1500 LAWRENCE AVENUE, OCEAN, NEW JERSEY 07712

ephone: 732-643-5284

rmation Requested (Please indicate if you want to examine records or obtain copies):
(Specify board or entity, date, topic or other identifying information)

COPIES OF ANY ZONING AND/OR BUILDING PERMITS ISSUED FOR PROPERTY KNOWN AS 401 EDGEMONT DRIVE,

BLOCK 12, LOT 11, FOR THE LAST TWO (2) YEARS.

nformation requested may contain any personal information pertaining a victim or the victim's family, the requestor hereby
ifies that he or she has not been convicted of any indictable offense under the laws of NJ, any other state or the United
es.

r Signature
Jennifer S. Krimko, Esquire (Please Do Not Write Below this Line) Request Date April 4, 2017

Municipal Action and Response

Date Completion Date 4/11/17 ☐ Records Request Response issued

rmation will be available on: Copies will be available on

Number of Copied Pages Cost Deposit
(If required where the anticipated cost exceeds $5. This form shall constitute a deposit receipt when signed by the municipal official.)

Municipal Clerk

knowledge that I have received the documents requested or a Records Request Response.

Requestor Date

Retain original form for Municipal records. Photocopy front and back if necessary.

Borough of Deal

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Stephen R. Carasia Agency Custodian

Important Notice

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Requestor Information – Please Print

First Name Steven 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 732-374-7600 FAX 732-324-7606

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 _____ Date 4-13-17

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.

1. Is the "beach sweep" machine being purchased by residents?
   A. If so, please provide the name, address and amount of each persons contribution.
2. Provide any and all written documents, including emails, letters and notes regarding resident contribution to the aforementioned equipment.
3. Provide an estimate for the cost of operating the aforementioned equipment.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 4/13/17
Ready Date 4/13/17
Total Pages 1

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

WRITTEN Response

Custodian Signature _____ Date 4/13/17

Borough of Deal

OPEN PUBLIC RECORDS ACT REQUEST FORM

190 Norwood Avenue

732-531-1454/Fax 732-531-1705

WWW.DEALNJ.ORG

Stephen R. Carasia Agency Custodian

Important Notice

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Requestor Information – Please Print

First Name THOMAS MI W. Last Name Pegel

E-mail Address NJclaims@optonline.net

Mailing Address NJ Claims Associates, PO Box 710

City Wayne State NJ Zip 07474

Telephone 973-237-9555 FAX 973-237-9888

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 3/28/17

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.

Copies of ALL plumbing permits AND plumbing inspections. AND demolition records/permits for prior dwelling

18 Queen Bay

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date 3/28

Ready Date 3/29

Total Pages 25

Final Cost

Total 1.25 ~~1.25~~

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided ~~[illegible]~~

Copies of building files.

Stephen Carasia Custodian Signature 4/13/17 Date

State of New Jersey Standard

Open Public Records Act Request Form

Important Notice

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Requestor Information – Please Print

First Name Doris MI _____ Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

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

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

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

Signature _____ Date 4/4/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 FAX

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

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

Signature _____ Date 4/19/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request immediate access to the following payroll records for Robert Simmen, Bill Cittadino and Chris Kelly: Hire date; position, including full-time/part-time/seasonal status; salary; date of separation; reason for separation

Additionally, I would like to request records relating to the upcoming May 1, 2017 elimination of Deal's paid firefighters, including resolutions authorizing the change and minutes from meeting during which the decision was made. - No Records Exist.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Payroll Records Provided

Custodian Signature _____ Date 4/20/17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 FAX

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

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

Signature [signature] Date 4/25/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request the following:

- Correspondence from Deal Fire Company to Deal Borough from April 20 to present.
- A copy of Deal's borough ordinance pertaining to the volunteer fire department

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 4/25/17

Ready Date 4/25/17

Total Pages 10

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2 LETTER AND ORDINANCE

[signature] Custodian Signature 4/25/17 Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 FAX

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

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

Signature _____ Date 4/25/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request the draft copy of the agreement with Oakhurst Fire Department that will be discussed at the Friday, April 28, 2017 special 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 _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 4/25/17

Ready Date 4/25/17

Total Pages 3

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

DRAFT SHARED SERVICE AGREEMENT SENT

Custodian Signature

4/25/17 Date

Borough of Deal

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 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 _____ Date 4-26-17

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.

1. Please provide a more specific answer to question #2 on my OPRA request of 4-13-17.

2. Please provide any and all written communications, notes, emails, contracts, agreements or other documents made or signed by and/or between the Deal Endowment Fund and the Borough of Deal (Cohen, Simon and/or Ades) or the Borough Admin

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

NO RECORDS EXIST

Custodian Signature 4/26/17 Date

Borough of Deal

OPEN PUBLIC RECORDS ACT REQUEST FORM

190 Norwood Avenue
732-531-1454/Fax 732-531-1705
WWW.DEALNJ.ORG
Stephen R. Carasia 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 David MI M Last Name Bander

E-mail Address dbander@msmlaborlaw.com

Mailing Address Mets Schiro McGovern & Paris, 555 U.S. Highway One South, Suite 320

City Iselin State NJ Zip 08830

Telephone 732-636-0040 FAX 732-636-5705

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 4/26/17

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.

I respectfully request any and all agreements, for the period January 1, 2007 through the present, that the Borough of Deal has involving shared services with other jurisdictions and the Borough of Deal Fire Department, and any and all related documents.

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

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Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

DRAFT Agreement

[signature] Custodian Signature 4/27/17 Date