



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 Last Name Thomas
E-mail Address andyplaw6 AOL.com
Mailing Address PO Box 363
City Brielle State NJ Zip 08730
Telephone 732-556-6711 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 4/29/17

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.

143 Monmouth Rd. Review Letter

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 4/29/17
Denied - ☐ Closed [Signature]
Filled - ☐ Closed [Signature]
Partial - ☐ Closed [Signature]

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			
Custodian Signature <u> </u>		Date <u> </u>	

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 [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
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I would like to request the following:

- ✓ Records indicating the number of calls for service where Deal Fire Company responded in 2014, 2015 and 2016
- ✓ Training records for all Deal Fire Company members for 2014, 2015 and 2016
- ✓ Deal Fire Company member attendance records from 2014, 2015 and 2016
- ✓ Records that show Deal Fire Company's response times from Nov. 1, 2016 to present

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 ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>4/25/17</u>	Deposit	_____
Ready Date	<u>5/1/17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Records Provided By Fire Department

[Signature]
Custodian Signature

5/1/17
Date



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Requestor Information – Please Print

First Name Bobbi Colley MI NY Last Name Colley
E-mail Address Bobbi.Colley@Yahoo.com
Mailing Address 85 Norwood
City Deal State NY Zip 07727
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 4-27-17

Payment Information

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Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
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CBA & Special Childrens stuff

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

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Filled - Closed _____
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Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>4/27/17</u>	Deposit	_____
Ready Date	<u>4/27/17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>- HERE MAKES AGREEMENT</u>			
<u>- SPECIAL CHILDRENS INVOICE</u>			
<u>[Signature]</u> Custodian Signature		<u>4/27/17</u> Date	

Stephen Carasia

From: Stephen Carasia <administrator@dealborough.com>
Sent: Tuesday, May 09, 2017 3:44 PM
To: 'Ford, Andrew'
Subject: RE: Settlement OPRA - Borough of Deal

No records exist.

Stephen Carasia
Borough Clerk / Administrator

From: Ford, Andrew [mailto:aford3@gannettmj.com]
Sent: Monday, May 08, 2017 1:21 PM
Subject: Settlement OPRA

The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "Settlement OPRA" and the name of your agency in the subject line of all correspondence.

1. SETTLEMENT AGREEMENTS AND GENERAL RELEASES approved by the township and/or its agents for resolving any claim(s) against the municipality regarding the police department, its employees and supervisors thereof, from 2010 to present.

Asbury Park Press v. County of Monmouth (link provided below) is an appellate decision – and subsequent affirmation by the New Jersey Supreme Court – that upholds that settlements between a government body and another party cannot be confidential.

<http://law.justia.com/cases/new-jersey/supreme-court/2010/a-8-09-opn.html>

Please provide documents in email attachments sent to aford3@gannettmj.com, including "Settlement OPRA" and the name of your agency in the subject line.

Please note that this request, which seeks settlements resolving claims, is distinct from the request for separation and termination agreements filed by the Asbury Park Press in July 2016. If you feel a document is responsive to both requests, please send the document and make a note in your response.

Please note that OPRA doesn't mandate the use of an agency form and OPRA custodians are required to respond to a written request invoking OPRA. (Renna v. County of Union, 2009 WL 1405572 (N.J. Super. A.D.))

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends



AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian



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Requestor Information – Please Print

First Name	Barbara	MI		Last Name	Coffey
E-mail Address	bobbicoffey@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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	5/12/17

Payment Information

Maximum Authorization Cost	\$	11
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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- Any and all documents related to "The Organization" or "The Deal Endowment Fund" that the town has. Not limited to but including 990 forms.
- Any and all paperwork regarding the purchase of the Beach Sweeper by the town. Please include any and all resolutions and minutes from meetings discussing the cost of purchase of buying and running said machine.
- Any and all documentation regarding the leasing of the Conover Pavilion by the Special Children's Center in the Summer 2016 including how the price was determined. Any and all documentation on the leasing of the Conover Pavilion by Merrimakers for CBA in September 2017 including how the price was determined. The town's fee schedules, rules and procedures for leasing any and all parts of The Deal Casino and Conover Pavilion.
- Copies of the payment the Special Children's Center made to the town to compensate for the time when town workers were, on town work hours, not doing town work but setting up for the summer concert.

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

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 _____

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	5/12/17	Deposit	_____
Ready Date	5/17/17	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
1) NO RECORDS EXIST			
2) INVOICE PROVIDED. MINUTES ONLINE			
3) MERRIMAKER AGREEMENT. NO OTHER RECORDS EXIST			
4) NO RECORDS EXIST			
		5/12/17	
Custodian Signature		Date	



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Requestor Information – Please Print

First Name Christopher MI P Last Name Rotondi
 E-mail Address crotondi@solutionsenvironmental.com
 Mailing Address 5 Marine View Plaza, Suite 401
 City Hoboken State NJ Zip 07030
 Telephone 201 876 9400 FAX 201 876 9563
 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 5/23/17

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
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Atlantic Environmental Solutions, Inc. (AESI) has been retained to perform a Preliminary Assessment + Phase I Environmental site Assessment for a property located at 280 Norwood Avenue, Block 22 lot 85 in Deal, NJ. Please provide all information associated with the following: Environmental incidents / complaints; Community Right-to-Know information; petroleum bulk storage; underground storage tank registrations; above ground storage tank information; Soil and groundwater contamination + investigation reports; hazardous substance inventory + use; owner and operational history; building permit history; hazardous substance spills, etc.

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 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

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Tracking Information

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Ready Date	<u>5/23/17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

NO ADDRESS EXISTS IN THE BOROUGH OF DEAL

[Signature] 5/23/17
 Custodian Signature Date



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Requestor Information – Please Print

First Name B Barbara MI MI Last Name Coffey
E-mail Address Bbarb.coffey@yahoo.com
Mailing Address 85 Norwood Ave
City Deal State NJ Zip 07723
Telephone 917-991-9916 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 5/24/17

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
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- Transmission receipts regarding May 24th meeting to
Asbury Park Press & Courier

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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		Final Cost	
Tracking #	<u>5/24/17</u>	Total	<u></u>
Rec'd Date	<u>5/26/17</u>	Deposit	<u></u>
Ready Date	<u>5/26/17</u>	Balance Due	<u></u>
Total Pages	<u>2</u>	Balance Paid	<u></u>
Records Provided			
COPIES OF EMAIL TRANSMISSIONS			
<u>[Signature]</u> Custodian Signature		<u>5/26/17</u> Date	