

Patty Harbora

202:2017 Clerk

From: ASK NJ Media Co. [opra+request-285-6e5e8072@requests.opramachine.com]
Sent: Monday, November 20, 2017 6:18 PM
To: OPRA requests at Cape May City
Subject: Open Public Records Act request - OPRA Requests

Dear Cape May City,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.

Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-285-6e5e8072@requests.opramachine.com

Is cityclerk@capemaycity.com the wrong address for Open Public Records Act requests to Cape May City? If so, please contact us using this form:
<https://opramachine.com/change request/new?body=cape may city>

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

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

Patty Harbora 11-29-17
City Clerk



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com

RECEIVED

NOV 21 2017



CITY OF CAPE MAY
CONSTRUCTION

201:2017

C/

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 Heijung MI _____ Last Name PARK-COLARINO
E-mail Address Heijung@tersecape.realty.com
Mailing Address 739 Washington St.
City CM State NJ Zip 08204
Telephone 609-602-8641 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 11/17/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 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 folder of
1160 B. Washington St. CM.

11/10/39

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 _____

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

B/L Ready
To view.
11/21/17 JMK

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

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
RECEIVED

NOV 1 2017

LICENSING
CITY OF CAPE MAY

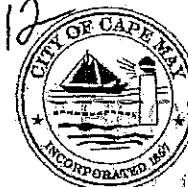
[Signature]
Custodian Signature

11-21-17
Date



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



RECEIVED

200:2017

C/2

CITY OF CAPE MAY
CONSTRUCTION ZONING

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 Penny MI Last Name Ryan
E-mail Address sesta006@hotmail.com
Mailing Address 53 Pinehurst Dr
City Little Egg Harbor State NJ Zip 08087
Telephone (609) 713-9057 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 BR Date 11-16-17

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.

All permits on file for 723 Page Street, Cape May
owner: Sean Perry & Devon Perry
contractor: SBS Construction, SBS Renewable Energy,
Jasmine Bolding Systems, Delbought House Lifters, SBS Modular
Homes, PNB-Phil Hans, along with any and all sub contractors
Requests for permits, cnc Renewable Homes etc.
Joe Crecca and/or Gayle Crecca
From 2013 to present.
Permits - Const, Zoning (no plans), Inspection

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.

RECEIVED

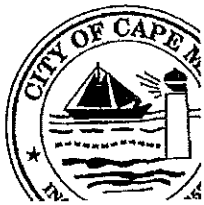
NOV 16 2017

CITY CLERK
CITY OF CAPE MAY

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

AGENCY USE ONLY

Tracking Information
Tracking # Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid
Records Provided
COPIES OF PERMITS + ASSOCIATED
DOCUMENTATION FROM 2013 TO
PRESENT. 55 PGS. 11-17-17
RP
Custodian Signature Date 11-17-17



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



198:2017

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 Jacqueline MI U. Last Name Henderson
E-mail Address capehender@comcast.net
Mailing Address 2 Ringneck Ct.
City N. Cape May State NJ Zip 08204
Telephone 609 874 3195 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 JL Henderson Date 11-13-2017

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 all OPRA inquiries made by any and all individuals, corporations, agencies, press outlets, etc. in reference to the Sept 22 (on or about) Cape May County Prosecutor's Investigative Report sent to the City of Cape May concerning Clarence Lear's June letter re: Chief Anthony Marino.

RECEIVED

NOV 13 2017

LICENSING
CITY OF CAPE MAY

capehender@comcast.net

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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

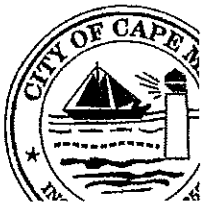
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Please see attached
(PH)

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

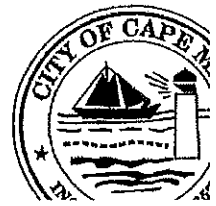
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>11-22-17</u>	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



19712017

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 Jacqueline MI U. Last Name Henderson
E-mail Address capehender@comcast.net
Mailing Address 2 Ringneck Ct.
City N. Cape May State NJ Zip 08204
Telephone 609 884 3195 FAX _____
Preferred Delivery: Pick Up _____ 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 JU Henderson Date 11-13-2017

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 all CPRA inquiries made by any and all individuals, corporations, agencies, press outlets, etc. in reference to the Sept 25th, 2017 (on or about) to Clarence Lear from the Cape May County Prosecutor's Office (Subject: Chief Anthony Marino). Please include any attachments that were referenced.

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NOV 13 2017
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CITY OF CAPE MAY

capehender@comcast.net

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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

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

See Attached
PA

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

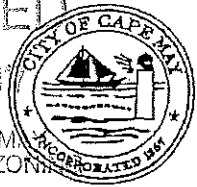
Ruth Henderson 11-22-17
Custodian Signature Date



City of Cape May

RECEIVED

NOV 13 2017



GOVERNMENT RECORDS REQUEST FORM

P/Z 196-2017

Requester Information - Please Print

First Name JACK MI MI Last Name Mc DONOUGH
Company ADIS, INC / LA MER BEACHFRONT
Mailing Address 1317 BEACH AVE
City CAPE MAY State NJ Zip 08204 Email JACK@CAPEMAYLAMER.COM
Business Hours Telephone: Area Code 609 Number 884-5000 Extension
Fax Area Code 609 Number 884-9000
Preferred Delivery: Pick Up X US Mail On Site Inspect
Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / X HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11-7-17

Payment Information

I agree to pay for fees related to this request no greater than \$ N/A
Select Payment Method
Cash
Check X
Money Order
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect ☒ Receive a Copy
A SIGNED COPY OF THE ATTACHED DECLARATION OF COVENANTS, ETC FOR HIGHLAND BEACHES HOMEOWNERS ASSOCIATION DATED AND EXECUTED JUNE 2016

CITY USE ONLY

Estimated Record Cost NO Charge
Special Cost
Total Cost Estimated

Comments: 11/13/17
attached to the only copy in the office B for board file. No signature
Denied
Approved-Records to be granted in seven business days
Approved - Records will take longer than seven business days

Tracking Information		Final Cost	
ID #	_____	Total	_____
Ready Date	_____	Deposit	_____
Date Mailed or Picked Up	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
		Date Paid	_____

Records Provided

RECEIVED

NOV 09 2017

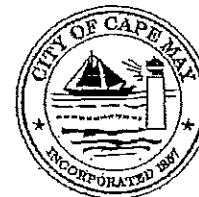
CITY CLERK
CITY OF CAPE MAY

[Signature] 11-13-17
Custodian Signature Date

Finance - Code Enforcement - C12



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



195:2017

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 Christian Mark MI D Last Name Panzo
E-mail Address christianmark.panzo@altisource.com
Mailing Address P.O. Box 105460
City Atlanta State GA Zip 30348
Telephone 770-612-7007 ext 293129 FAX 770-989-7133
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 11/06/2017

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.

Subject: 120, Stockton Place #4, CAPE MAY, NJ, 08204

We want to determine if there were code violations fees/fines/liens have been paid to the city of Cape May regarding 120, Stockton Place #4, CAPE MAY, NJ, 08204. If yes, please provide proof of payment of those said payments including past invoices showing break down of amount. We are the property manager for Ocwen which serves as the loan servicer for this address.

RECEIVED

NOV 06 2017

LICENSING
CITY OF CAPE MAY

No Code Enforcement Violations found
in Records *Joe* 11/8/17

No Violations
No Finance Pymt - Per QPA

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 _____

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 _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Ratni Halder
Custodian Signature

11-8-17
Date

OPRA 194-2017



PROVIDING SERVICES FOR
NJ.com Star-Ledger

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

11/07/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received some from your prosecutor's office but the records appear incomplete. Redactions should be made for juvenile names and HIPAA.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are 'required by law to be made, maintained or kept on file.' N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

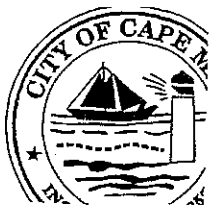
Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



193.2017

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 Jacqueline MI U. Last Name Henderson
E-mail Address capehender@comcast.net
Mailing Address 2 Ringneck Ct.
City N. Cape May State NJ Zip 08204
Telephone 609 884 3195 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 11-6-2017

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 all Open Public Record Act requests submitted by Vince Conti (or Vincent Conti) as an individual and/or his capacity with the Cape May County Herald from Sept 22, 2017 to the present (Nov 6, 2017) and all copies of the results of those requests.
No OPRA Request from Vince Conti from your requested date. Patricia Harker
capehender@comcast.net

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 _____
RECEIVED
Deposit Date NOV 06 2017
LICENSING
CITY OF CAPE MAY

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	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided _____			
<u>Patricia Harker</u> Custodian Signature		<u>11-6-17</u> Date	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



192:2017

Mayor, Bay

Administration

Important Notice

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Requestor Information - Please Print

First Name Jacqueline MI U. Last Name Henderson

E-mail Address capehender@comcast.net

Mailing Address 2 Ringneck Ct.

City N. Cape May State NJ Zip 08204

Telephone 609 884 3195 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 JU Henderson Date 11-6-2017

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 all correspondence (electronic or otherwise) between Mayor Clarence "Chuck" Lear or his administrative / "confidential" assistant to Christopher Gray, Esq. and vice versa from January 1, 2017 to the present (Nov. 6, 2017)

I have no correspondence with Christopher Gray. 11/6/2017
capehender@comcast.net

AGENCY USE ONLY

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

RECEIVED

Deposit Date NOV 06 2017

LICENSING
CITY OF CAPE MAY

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

No Correspondence on file

PH

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

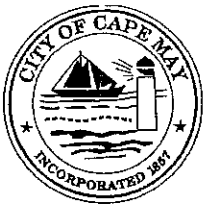
AGENCY USE ONLY

Tracking Information

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

Records Provided

Ruthie L. L. 11-8-17
Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



191.2017

C/Z

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 Brian MI J Last Name Murphy
E-mail Address b.murphy.mve@comcast.net
Mailing Address PO Box 484
City Cape May Court House State NJ Zip 08210
Telephone 609 465-7080 FAX 609 465 3973
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 11/1/17

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.

Request ability to view and copy plans submitted by the LaMer for construction of recently approved addition

RECEIVED

NOV 01 2017

LICENSING
CITY OF CAPE MAY

RECEIVED

NOV 08 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 _____

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

Plumb Permit not issued to [Signature] date 11/9/17
Previous files were reviewed
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

Tracking Information

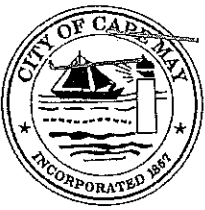
Final Cost

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

Records Provided

[Signature]
Custodian Signature

11-8-17
Date



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



190: 2017

PD

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 J. Last Name Albuquerque, Esq.
E-mail Address richarda@djdlawyers.com
Mailing Address 3120 Fire Rd., Suite 100
City Egg Harbor Twp. State NJ Zip 08234
Telephone 609-641-6200 FAX 609-641-2677
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:2B-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 \$ 500
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 or may be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

A copy of the mobile video recorder for the police vehicle, a copy of the 911 call tape and a copy of the CAD report in reference to the automobile accident on 9-13-17 at 21:56pm with case number 2017-09183. Driver of vehicle 2 is Carolyn Young.

AGENCY USE ONLY

2 CDs
Est. Document Cost \$2.00
7 Pgs.
Est. Delivery Cost .35
Postage
Est. Extras Cost 1.40
Total Est. Cost \$3.75
Deposit Amount _____
Estimated Balance _____
Deposit Date \$ 3.75

AGENCY USE ONLY

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

RECEIVED

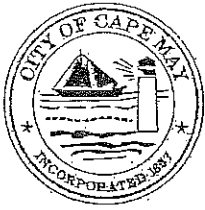
NOV 03 2017

LICENSING
CITY OF CAPE MAY

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			
Custodian Signature <u>[Signature]</u>		Date <u>11-7-17</u>	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



189:2017

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 Maheer
E-mail Address thomas3846@verizon.net
Mailing Address 102 Mt Vernon Ave
City Cape May State N.J Zip 08204
Telephone 609-484-3666 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 11-3-2017

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.

Review Plans for building behind Jetty Motel
Block 10.12 15.02

RECEIVED
NOV 06 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

Review Monday 11-6-17 @ 11am

PH

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost **RECEIVED** _____
Deposit Amount NOV 03 2017 _____
Estimated Balance _____
LICENSING
CITY OF CAPE MAY
Deposit Date _____

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

11/6/17 vgm
Viewfile

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

Tracking Information

Final Cost

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

Records Provided

[Signature]
Custodian Signature

11-6-17
Date

Patty Harbora

188:2017 OPRA

From: Henry Savelli [cblanding@smartprocure.us]
Sent: Tuesday, October 31, 2017 1:55 PM
To: pharbora@capemaycity.com
Subject: Re: SmartProcure OPRA Request City of Cape May For PO/Vendor Information
Attachments: CapeMayPOReportCorrectFormat.pdf

Good Afternoon Patty,

Thank you very much for providing the records in response to my OPRA request, although I have a quick follow up question. As I requested records "without physically copying, scanning or printing paper documents." the records in their current format are unable to satisfy my request.

For your reference, I am attaching to this email a sample of a record provided to me by the city in response to a previous request which was provided in the correct format which was able to satisfy my request.

Could you please have the finance department run this report for the date range requested (06/16/2017 to current) in this format in order to fulfill my request entirely?

I appreciate your attention to this matter and should you have any questions or concerns, please do not hesitate to reach out to me.

Best Regards,

Henry Savelli

On Oct 25, 2017, at 11:11 AM, Patty Harbora <pharbora@capemaycity.com> wrote:

Good Morning Mr. Savelli,

Attached is the response to your OPRA request submitted on October 20, 2017. As per your instructions, the documents are being emailed to you and therefore there is no charge. Your OPRA request is now deemed satisfied. Please let me know if there are any issues.

Respectfully,

Dan,
See sample Attached

Patricia Harbora, RMC, CMR

City Clerk/Registrar

City of Cape May

RECEIVED

OCT 31 2017

CITY CLERK
CITY OF CAPE MAY

Nov. 1, 2017
Patricia Harbora - Sent lg. file in Computer

Patty Harbora

187:2017 Finance

From: Frank Corrado [fcorrado@capelegal.com]
Sent: Thursday, October 26, 2017 12:20 PM
To: Patty Harbora
Cc: Erin Burke
Subject: RE: FW: Appellate Division A-002716-15 Harry Scheeler v. City of Cape May CPM-L444-15

Patty:

The minutes discussing the Scheeler case would be closed session minutes exempt from OPRA disclosure until the case has been concluded. NJSA 47:1A-9(b) and NJSA 10:4-14.

Mr. Caggiano is entitled to records showing the legal fees the city paid on the Scheeler case. Neil should have those.

FLC

From: Patty Harbora [mailto:pharbora@capemaycity.com]
Sent: Thursday, October 26, 2017 12:07 PM
To: Frank Corrado <fcorrado@capelegal.com>
Subject: FW: FW: Appellate Division A-002716-15 Harry Scheeler v. City of Cape May CPM-L444-15

Please read number 10 on this OPRA request from Thomas Caggiano sent October 18, 2017 due on Friday October 27, 2017. I don't believe this matter was discussed in City minutes.
Patty

From: thomas caggiano [mailto:thomascaggiano@gmail.com]
Sent: Wednesday, October 18, 2017 4:40 PM
To: Arsenault, James; cityclerk@capemaycity.com; info; senkyrillos; senkean; senweinberg; sengill; senbeach; senbeck; aswoliver; aswhuttle; aswhandin; eletters; tmoran; mary pawar; ic_complaints; Opra Custodian; prosecutor; Prosecutor; lianne.costello; zach_zaragoza; media; info@peoplescommonsenseparty.org; info; senlesniak; administrator
Subject: Re: FW: Appellate Division A-002716-15 Harry Scheeler v. City of Cape May CPM-L444-15

James Arsenault, Thank yours for County's reply. The OPRA and Common Law Right of access was directed to the City of Cape may but since the county pays the city via grants, direct payments of county dollars, I wanted the county to know the position taken by the city of cape May is totally absurd which is also supported by the corrupt government record council BUT NOT numerous Assignment judges and Superior court judges totally against the position taken by Judge Nelson Johnson, JSC. I suggest you read my letter to US Attorney Sessions on the corrupt FBI director Comey who protected Clinton et al see <http://thomascaggiano.com/clinton.pdf>. If one provides the denial of access to the GRC the corrupt GRC simply google thomas+caggiano+GRC to read hundreds of a web urls how corrupt the GRC has been under the Corzine and Christie administration s

While the GRC will deny a denial of access occurred if any non-citizen of NJ but USA citizen owned a second home or had not yet established residency yet to be a NJ citizen but lived and worked for the City they could not get any records from city? in your county that is a taxpayer and submits any ORAP request to any municipality in your county to inspect any govt record or obtain a copy of any govt record perhGRC the cannot Is the County's position the same as the City of Cape May? I doubt it. that means everyone in your county can not even know what your county proceeds are nor submit a request to your county clerk for a copy of their own deed nor could any company desiring to locate a business in your county get a copy of any form they are required to complete nor could any business request a copy of an RFP. Since the City of Cape May and your Cape may

Patty Harbora

OPEN PUBLIC RECORDS ACT REQUEST FORM

186:2017 Tax Office - Finance
Dan QPA

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 [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 (preferred) or PDF format.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

RECEIVED

OCT 26 2017

CITY CLERK
CITY OF CAPE MAY

RECEIVED

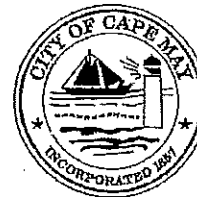
OCT 26 2017

CITY CLERK
CITY OF CAPE MAY



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



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

185:2017 FD

First Name Bernice MI Last Name Cichocki

E-mail Address bernice@injurylawyer.com

Mailing Address Rothenberg Law Firm 811 Church Road

City Cherry Hill State New Jersey Zip 19102

Telephone 800 624 8888 FAX 8566644464

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 Bernice Cichocki Date 10-24-17

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.

CLIENT MICHELLE VANNATTA BIRTH 02-06-1958 DATE ACCIDENT 07-07-17 NEW JERSEY FALLDOWN

ROTHENBERG LAW FIRM REPRESENTS ABOVE NAMED CLIENT

PLEASE FORWARD AMBULANCE REPORT AND BILL WITH TOTAL CHARGES AND ANY BALANCE DUE.

THANK YOU

RECEIVED

OCT 24 2017

CITY CLERK
CITY OF CAPE MAY

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 #	<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

Ruthen / Haden 10-24-17
Custodian Signature Date

Patty Harbora

From: Patty Harbora [pharbora@capemaycity.com]
Sent: Wednesday, October 25, 2017 12:35 PM
To: 'thomas caggiano'
Subject: RE: Appellate Division A-002716-15 Harry Scheeler v. City of Cape May CPM-L444-15
Attachments: doc01582920171025094258.pdf; doc01583020171025094911.pdf; doc01583420171025100312.pdf; doc01583620171025100725.pdf

Mr. Caggiano,

Attached are the documents requested in the OPRA request you submitted on October 17, 2017 (number 184:2017). As per your instructions, these documents are being emailed to you. Your OPRA request is now deemed satisfied. Please let me know if there are any issues.

Respectfully,

Patricia Harbora, RMC, CMR
City Clerk/Registrar
City of Cape May
National Historic Landmark
643 Washington Street
Cape May, NJ 08204
Cityclerk@capemaycity.com
(609) 884-9532 Fax (609) 884-8589

From: thomas caggiano [mailto:thomascaggiano@gmail.com]
Sent: Tuesday, October 17, 2017 4:17 PM
To: beth.bozzelli@co.cape-may.nj.us; senkean; senkyrillos; senweinberg; senscutari; senwhelan; eletters; tmoran; pmulshine; cityclerk@capemaycity.com; eburke@capemaycity.com; lc_complaints; media; media; prosecutor; Prosecutor; paff; mary pawar; Ilya Alan Kraminsky; aswoliver; info; info; Allan Litman; lianne.costello; special.litigation; zach_zaragoza; victor_ross; info; cigie.information; info@nvdems.com; info; tips; tips; tips; tips; vmaltese; fox29.newsdesk; Haber, Daniel
Cc: Opra Custodian; opra; opr.complaints; hotline@oig.tres.gov
Subject: Appellate Division A-002716-15 Harry Scheeler v. City of Cape May CPM-L444-15

1. This an OPRA and Common Lawright of Access request to the City of Cape May
2. I am NOT a citizen of NJ but was proor to me beingassualktd b StatePolice in NJ thre times, having mywife recived three death threats agaisnt me afte I tesitfied unde oath agaisnt State, Sussexounty officials adn emoloyees, Borough of Stanhope officialsadn employees and left Nj fro our safety and helath but cotniue to be atachekd by tis corrupt Courts in Viagne X an nmuoerus municipalits
3. jsutification for Sanhing under Common Law Rigths of Access a US, NJ and NV constituional rights all ignroed by the corrupt State officials nand otehs in NJ and NV is justified by my letter to th corrupt U.S. Attorney Sessions, FBI Director comey repalced by eh corrupt FBI director Chrs Wray on <http://thomascaggiano.com/WHITEHOUSE>>pdf

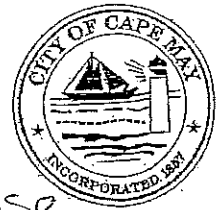


CITY CLERK
CITY OF CAPE MAY



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



182:2017

Clerks/License

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 Last Name Hinkle
E-mail Address CAPEINVEST@COMCAST.NET
Mailing Address PO BOX 82
City CLARKSBORO State NJ Zip 08020
Telephone 609 972-6060 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

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 NEED A COPY OF ANY MERCANTILE LICENSE THAT IS ASSOCIATED WITH 609 HUGHES STREET, CAPE MAY/NJ. (BUSINESS LICENSE OR RENTAL LICENSE)

RECEIVED

OCT 19 2017

10/19/17 There are no licenses for the referenced property (NAM)

LICENSING
CITY OF CAPE MAY

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance
Deposit Date 04

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 ☐

Tracking Information

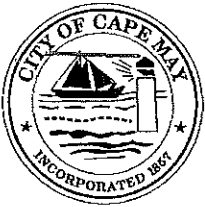
Tracking # Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid

Records Provided

10-19-17 Called for Pick-up

[Signature] 10-20-17
Custodian Signature Date

N/C



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



18112017

Mayor

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 vincecnt@aol.com
Mailing Address 24 Acorn Lane
City CMCH State NJ Zip 08210
Telephone 690-367-2420 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 [Signature] Date Oct 17, 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 seeking any correspondence from the Cape May County Prosecutor that replies to Mayor Lear's June 26 letter to the Prosecutor's Office in which Lear called for an independent investigation of behavior by Officer Doug Henderson and in which Lear questions actions by Chief Anthony Marino, including any correspondence from the Cape May County Prosecutor to Lear or city officials and/or correspondence from Lear or city officials to the Prosecutors Office since June 26 that mention either Henderson or Marino

RECEIVED

OCT 17 2017

LICENSING
CITY OF CAPE MAY

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

10/26/17
Emailed Request a letter

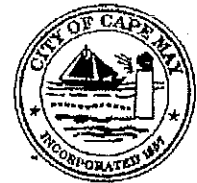
[Signature] 10-26-17
Custodian Signature Date



5037938956

City of Cape May

GOVERNMENT RECORDS REQUEST FORM



180:2017 FID

Requester Information - Please PrintFirst Name Maricia MI Last Name PierceCompany Metropolitan Reporting BureauMailing Address Box 946, William Penn AnnexCity Philadelphia State PA Zip 19105 Email mpierce@metroreporting.comBusiness Hours Telephone: Area Code 800 Number 245-6686 Extension 149Fax Area Code 800 Number 343-9047Preferred Delivery: Pick Up US Mail ✓ On Site Inspect Check 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 10/05/17**Payment Information**I agree to pay for fees related to this request no greater than \$ **Select Payment Method**Cash
Check
Money Order Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.Request Access to: ☐ InspectOr ☐ Receive a Copy

Date: 07/09/17

Rept#:

Location: 1619 NEW JERSEY AVE

CAPE MAY

Insured: WILLIAMS, ERNEST

CITY USE ONLYEstimated Record Cost Special Cost Total Cost Estimated

Comments:

Denied Approved-Records to be granted in seven business days Approved - Records will take longer than seven business days **Tracking Information**ID #
Ready Date
Date Mailed or Picked Up
Total Pages **Final Cost**Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

Emailed

[Signature]
Custodian Signature10-23-2017
Date



**CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM**

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



179:2017

C/Z

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 Brittany MI A Last Name Smith
E-mail Address Brittanys@cisleads.com
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone 973-492-0509 FAX 800-962-0544
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 10-16-17

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.

A copy of only those pages of the Planning Board application for Cape Jetty, LLC located on 12 Second Avenue, Block 1012 lots 15.01, 15.02 that include the name, address, and telephone number for the owner, applicant, engineer, architect, and attorney.

RECEIVED

OCT 17 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

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.

2 pages attached

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

AGENCY USE ONLY

Tracking Information

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

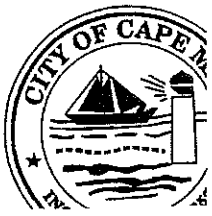
Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

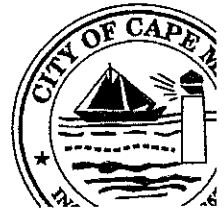
Emailed

[Signature] 10-18-17
Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com



178:2017
Clerks

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 Jacqueline MI U. Last Name Henderson
E-mail Address capehender@comcast.net
Mailing Address 2 Ringneck Ct.
City N. Cape May State NJ Zip 08204
Telephone 609 884 3195 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 JL Henderson Date 10-12-2017

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 all Open Public Record Act requests made by Vince Conti (Vincent Conti) as an individual and/or his capacity with the Cape May County Herald from August 1, 2017 to the present (October 12, 2017), and all copies of the results of those requests.

capehender@comcast.net

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____
RECEIVED
OCT 12 2017

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			
Custodian Signature <u>Patricia Harrison</u>		Date <u>10-16-17</u>	

Patty Harbora

17712017

OPRA

Clerks
ZTC

From: Jack McDonough [jack@capemaylamer.com]
Sent: Monday, October 09, 2017 10:08 AM
To: pharbora@capemaycity.com
Subject: OPRA document

Ms. Harbora – we are requesting an OPRA document for a copy of the Resolution concerning a Bond Reduction No.2 concerning :

City of Cape May – North Point Beaches – Block 1175 Lot 1 – inspection # - 05-02-1-017 – Thank You
– Jack McDonough

Patricia Harbora, 10-10-17
City Clerk

Emailed Resolution 138-5-2017

RECEIVED

OCT 10 2017

**CITY CLERK
CITY OF CAPE MAY**

RECEIVED

OCT 13 2017

Phone: 609-884-9525
Fax: 609-884-8589**City of Cape May**
643 Washington Street
GOVERNMENT RECORDS REQUEST FORMCITY OF CAPE MAY
CONSTRUCTION/ZONING

176:2017 P12 - Const

Requester Information - Please Print

First Name: Robert MI D Last Name: Rieselman
 Company: Horizon Environmental & Contracting, Inc.
 Mailing Address: 901 Harrison Ave.
 City: Mays Landing State: NJ Zip: 08330 Email: horizonecl@aol.com
 Telephone: Area Code: 609 Number: 485-2268 Extension: _____
 Fax: Area Code: 609 Number: 485-2282

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect
 Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that: 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: 10/09/2017

Payment Information

I agree to pay for fees related to this request no greater than \$ _____

Select Payment Method

Cash: _____
 Check: _____
 Money Order: _____

Fees: Pages 1-10 @ \$0.75
 Pages 11-20 @ \$0.90
 Pages 21+ @ \$0.25

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

Extra: Extraordinary service fees, dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.**315 Ocean St., Unit #7 Block: 1059 Lots: 1**

Horizon Environmental & Contracting, Inc. is currently conducting a Phase 1 Environmental Assessment for the above referenced properties. As part of the due diligence inquiry for this property transaction, we are writing to request a records search targeted for any incidents to which you may have responded and/or documented (i.e., spills, leaks, releases). Specifically, we are seeking information on such incidents that may have resulted in an environment impact to either soil, water or air quality.

Please advise our office as to when you would be able to complete the requested records review by your **Health, Hazmat, Building and Fire departments** and provide any relevant information.

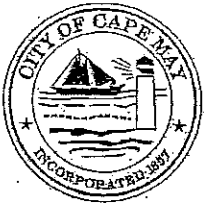
Estimated Record Cost: _____ Special Cost: _____ Total Cost Estimated: _____	Comments: <u>1059/1</u> <u>NONE ON</u> <u>File</u> <u>10/13/17</u> Requested: _____ Approved - Records to be granted in seven business days: _____ Approved - Records will take longer than seven business days: _____	Filing Information: ID #: _____ Ready Date: _____ Date Mailed: _____ Date Picked Up: _____ Total Fees: _____ Records Provided: _____ Custodian Signature: <u>[Signature]</u> Date: <u>10-13-17</u>	Final Cost: Total: _____ Deposit: _____ Balance Due: _____ Balance Paid: _____ Date Paid: _____
--	--	--	--

RECEIVED

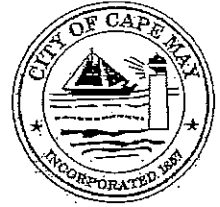
OCT 10 2017

CITY CLERK
CITY OF CAPE MAY

Please feel free to come in and peruse all 8 (eight) files
Thank you.



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM



OCT 04 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
cityclerk@capemaycity.com

2017: 175

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 GARY & MIRIAM MI _____ Last Name WAXMAN
E-mail Address g.waxman@comcast.net
Mailing Address 1038 DELL DR
City CHERRY HILL State NJ Zip 08003
Telephone 609-332-5137 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 10/4/17

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.

re: 931 CORGIE ST. CAPEMAY CITY
LOT 11 BLOCK 1093

COMPLETE FILE HISTORY FOR PROPERTY (LOOKING TO PURCHASE)
OF PERMITS, LICENSES, ETC FOR CONSTRUCTION, MODIFICATIONS,
ZONING, ETC,
RECEIVED

OCT - 4 2017

CITY CLERK
CITY OF CAPE MAY

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 _____

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

B/L filed
Viewed
same day

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

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[Signature]
Custodian Signature

10-6-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



43 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

17412017 Cherks

Requester Information - Please Print

First Name Julius MI B Last Name RAUCH

Company _____

Billing Address 1010 NEW YORK AVE

City CAPE MAY State NJ Zip 08204 Email JULIESRAUCH3@GMAIL.COM

Telephone: Area Code 609 Number 884-6746 Extension _____

Fax: Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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 9-18-2017

Payment Information

I agree to pay for fees related to this request no greater than

\$ 25.00

Select Payment Method

Cash ☒
Check ☐
Money Order ☐

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

REQUEST COPIES OF EVENT APPLICATION, PERMIT, APPROVALS, FEES, BEER, WINE AND ALCOHOLIC BEVERAGE APPLICATIONS AND APPROVALS PERMITS FEES PURSUANT TO AGREEMENTS AND/OR CONDITIONS FOR THE SEPTEMBER 16, 2017 "HARVEST BREW FEST" HELD BY THE MIDDLE ATLANTIC CENTER FOR THE ARTS & HUMANITIES (MAX)

Ins. on this Event

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated 204

Comments: No Special Event Application required - not a City Event.

Denied _____

Approved-Records to be granted in seven business days _____

Approved - Records will take longer than seven business days _____

Tracking Information

ID #	Total
Ready Date	Deposit
Date Mailed or Picked Up	Balance Due
Total Pages	Balance Paid
	Date Paid

Records Provided

RECEIVED

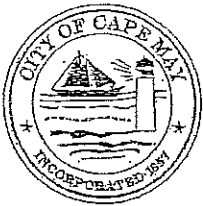
SEP 18 2017

LICENSING
CITY OF CAPE MAY

Custodian Signature

Date

9-21-17



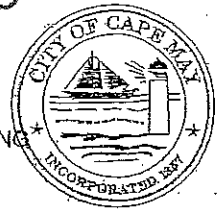
CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

OCT 02 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



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 GERALD MI P. Last Name Valentine

E-mail Address JerryValentine2@gmail.com

Mailing Address 146 Emerald Ave.

City West Cape May State NJ Zip 08204

Telephone 252-622-8313 FAX NA

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

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

Signature [Signature] Date Oct. 2, 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.

Zoning office "Block And Lot File" for
property at 251 Grant Street, Cape May, NJ
REVIEW FILE

RECEIVED

OCT 2 2017

CITY CLERK
CITY OF CAPE MAY

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 _____

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

B/L FILE VIEWED
10-2-17
TRP

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

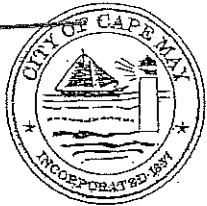
Tracking Information

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

Records Provided

[Signature]
Custodian Signature

10-2-2017
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

OCT 02 2017



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

172,2017 C/7

Payment Information

First Name Edward MI MI Last Name Sclavou
E-mail Address ESclavou@gmail.com
Mailing Address PO Box 1223
City GLenside State PA Zip 19030
Telephone 215 620 6259 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 Edward Sclavou Date 10.2.17

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.

11 NORTH Street Unit 1
Permit issued to ESclavou RE:
MOVING OF FENCE UNDER BH. to
Required Elevation.
was work completed?
was a new permit issued?
Did city do final inspection?

RECEIVED

OCT 02 2017

CITY CLERK
CITY OF CAPE MAY

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 350

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
SEVEN (?) 8 1/2 x 11
COPIES - 10-2-17
RP

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

Tracking Information

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

Records Provided

Ruth H. Hall **10-2-17**

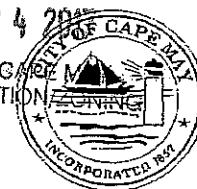
RECEIVED

OCT 04 2017

CITY OF CAPE MAY
CONSTRUCTION

CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

**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 Shutters+shades@comcast.net
Mailing Address 3033 Luna Drive
City Avalon State NJ Zip 08202
Telephone 609-425-0883 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 Jenna R. Date 9/29/17

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.

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.

* Also please send Cape May Points
No Demo

RECEIVED

SEP 29 2017

CITY CLERK
CITY OF CAPE MAY**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 _____

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

(5) - 8 1/2 x 11 PGS.
10-5-17
RP

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

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

Records Provided

Ramos/Holmes 10-5-17
Custodian Signature Date



September 29, 2017

OPRA 170:2017

Finance
Payroll

The City of Cape May
City Clerk
643 Washington Street
Cape May, NJ 08204

Patricia Hatcher 10-10-17
Sent

Re: OPRA Request

To whom it may concern:

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting an opportunity to obtain copies of the following public records:

- The most current record or accounting of outstanding Cape May issued checks that have not yet been cashed or turned over to the State as unclaimed property to include payee name, issued date, check number, and amount. If possible, please limit this to check issued 6 or more months from today's date above \$699.
- The most current statement or report available containing information on residential and commercial construction Escrow Accounts, Cash Performance/Maintenance Bonds and any other construction or development-related Cash Securities that would be refundable to the depositor upon project completion and acceptance by the City.

Some common examples of the cash securities we typically see include (but are not limited to) deposits for Land Development, Sewer Taps, Right-of-Way, Landscaping, Sidewalk, Curb & Gutter, Winter Handling, Signage, Street Cut/Opening, Grading, Erosion & Sediment Control, Subdivision, Storm Water Management, Building, Paving, Street Lights, Driveway, Temporary Trailer, Conservation, Certificate of Occupancy and Inspection escrows. Responsive departments normally include Building and Development, Engineering, Planning & Zoning, Public Works, Transportation and in some cases, the Finance Department.

It is requested that the information provided in response to escrow portion of this request contain a minimum of the following specific details when available:

o Name of depositor	o Date of Deposit
o Current Balance	o Project Address [or Block & Lot number]

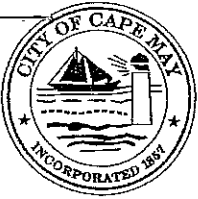
Should there be a cost associated with the fulfillment of this records request that exceeds \$25.00, kindly notify me via telephone or email with the estimated cost, prior to incurring any charges.

The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. If you

7350 Heritage Village plaza, Suite 202, Gainesville, VA 20155

①(571)409-7071

www.teal-usa.com

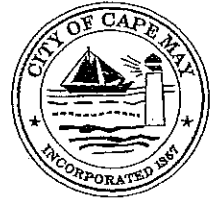


CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8580
cityclerk@capemaycity.com

RECEIVED

SEP 28 2017



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 DONALD MI Y Last Name SCHWEIKERT
E-mail Address DONSCHWEIKERT@AOL.COM
Mailing Address 28 JACKSON STREET
City CAPE MAY State NJ Zip 08204
Telephone 609-884-6754 FAX NONE
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 9/26/17

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.

PLAN OF SURVEY LOT 6 BLOCK 1034 (24 JACKSON ST.)
ALSO ANY OLDER SURVEYS DATING BACK TO 1905 (MAP BOOK 1-A) SAND BORN MAP.

RECEIVED

SEP 26 2017

CITY CLERK
CITY OF CAPE MAY

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.

Bt Ready to view - Sandborn maps VSMK 9/27/17

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

AGENCY USE ONLY

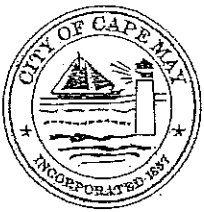
Tracking Information

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

Records Provided

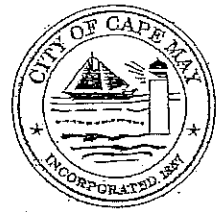
10-5-17 Called Ready to Review left message

[Signature] 10-4-17
Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

168:2017

First Name Matt Walter MI 8 Last Name Walter
E-mail Address W.renovations@yahoo.com
Mailing Address 216 Joanne St
City N. Cape May State NJ Zip 08204
Telephone 609 602-8760 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 Matt Walter 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.

I am requesting proof of mercantile license for
1320 New York Ave Cape May, NJ 08204

RECEIVED

SEP 26 2017

LICENSING
CITY OF CAPE MAY

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 _____

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

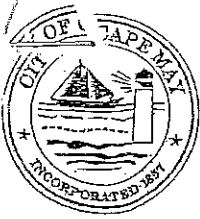
In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

Tracking Information

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

Records Provided

License viewed 9/26/17
- Satisfied 9/26/17
Custodian Signature Jim PK Date 9/26/17



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



Important Notice

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Requestor Information - Please Print

167:2017

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 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 [Signature] Date Sept 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.

ANY CORRESPONDENCE FROM MAYOR LEAR TO EITHER THE NJ ATTORNEY GENERAL'S OFFICE OR THE CAMDEN COUNTY PROSECUTOR'S OFFICE REFERRING TO OR ABOUT CHIEF OF POLICE MARINO IN 2017.

AGENCY USE ONLY

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

RECEIVED

Deposit Date SEP 26 2017

LICENSING
CITY OF CAPE MAY

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

Records Provided

Emailed 9/27/17

Ein PR, Dep. 9/27/17
Custodian Signature _____

Pot Shannon - Jeweler

Patricia Jackson Jewelers
CREATIVE ORIGINAL DESIGNS
PLATINUM • 18K & 14K GOLD (ALL COLORS) • STERLING SILVER
CUSTOM WORK & FINE JEWELRY REPAIRS ON PREMISES

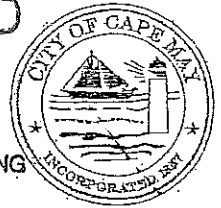
414 Bank Street, Cape May, NJ 08204
609-884-0323 www.patjacksonjewelers.com

CITY OF CAPE MAY
RECORDS ACT REQUEST FORM
643 Washington Street
Cape May, NJ 08204-2397
609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

SEP 26 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



Important Notice

on related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

166-2017

First Name Patrick MI K Last Name Shannon
E-mail Address _____
Mailing Address 414 Bank St
City Cape May State NJ Zip 08204
Telephone 609 827 5906 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.

~~Corner~~ of Jackson & Broad St 219/221/223
block & lot Jackson St.
building permits
Zoning
RECEIVED
SEP 25 2017
LICENSING
CITY OF CAPE MAY
View only
219 Jackson - 1046/11.02
223 Mullock.
Applicant will be in Monday Oct 2 PM

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes	Tracking #	Final Cost	
Est. Delivery Cost	_____	Custodian if any part of request cannot be delivered in seven business days, detail reasons here.	Rec'd Date	Total	_____
Est. Extras Cost	_____	Ready to view	Ready Date	Deposit	_____
Total Est. Cost	_____	B/L	Total Pages	Balance Due	_____
Deposit Amount	_____	Only		Balance Paid	_____
Estimated Balance	_____			Records Provided	_____
Deposit Date	_____	In Progress - Open		Left message w/ applicant 9/28/17	
		Denied - Closed		- Applicant will view file 10/2	
		Filled - Closed		9-28-17	
		Partial - Closed		Custodian Signature _____ Date _____	

Patty Harbora

OPRA 165:2017 Tax Office

From: Timothy Carty [tscarty74@gmail.com]
Sent: Wednesday, September 20, 2017 10:46 AM
To: cityclerk@capemaycity.com
Subject: OPRA Request

Good morning,

Please take this email as a formal OPRA request.

I would like to OPRA all expenses related to the EMS service for 2015 and 2016. I would also like the total revenue for EMS for 2015 and 2016 after all expenses are paid. Once my request is fulfilled it can be emailed to me at this email address. If there is any questions or concerns, I can be contacted at 609-381-1306. Thank you

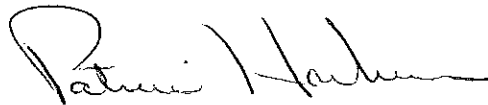
Timothy S. Carty

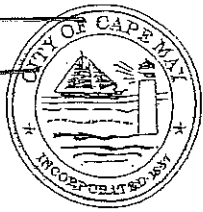
Sent from my iPhone=

RECEIVED

SEP 20 2017

CITY CLERK
CITY OF CAPE MAY





CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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SEP 19 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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

16312017

Payment Information

First Name MARGA MI D Last Name MATHENY
E-mail Address margamath@gmail.com
Mailing Address PO Box 2366
City Cape May State NJ Zip 08204
Telephone 860 1573-9697 FAX X
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

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.

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 Marg Matheny Date 9/19/17

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 20 Stockton (handon)
Garage Construction zoning
permits

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ RECEIVED SEP 19 2017 LICENSING CITY OF CAPE MAY	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. <u>B/S is ready to view</u> <u>9/19/17</u> <u>EMK</u>	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided _____
	In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	<u>Ruth Hahn</u> Custodian Signature	<u>9-21-17</u> Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

SEP 19 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING



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 R Last Name Merlino Jr.
E-mail Address jmerlino@realestateplanninglaw.com
Mailing Address 394 Manor Rd.
City Stata Island State NY Zip 10314
Telephone 718-698-2200 FAX 718-698-0024
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 9/14/17

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.

Open Permits for
406 Alexander Ave
Block 1 Lot 43

RECEIVED

SEP 18 2017

CITY CLERK
CITY OF CAPE MAY

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.

Must contact
CMP - TO file
the OPRA.
So they can
Record.

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

AGENCY USE ONLY

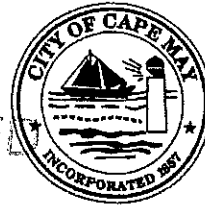
Tracking Information		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	
Records Provided		
<u>Sent E-mail Cape May</u> <u>Point Property.</u>		
<u>[Signature]</u>		<u>9-19-17</u>
Custodian Signature		Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED
SEP 19 2017



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 Louis MI A. Last Name DeLollis

E-mail Address ldelollis@mchlegal.com

Mailing Address 211 Bayberry Drive, Suite 2A

City C.M.C.H. State N.J. Zip 08210

Telephone (609) 463-4601 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 /s/ Louis DeLollis

Date 9/18/2017

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.

Complete construction file including without limitation, any and all documents, plans, drawings, and renderings, provided for the construction and issuance of a Certificate of Occupancy for the Tides Condominium, located at 5 Jackson Street, Unit 201, Cape May, New Jersey 08204.

RECEIVED
SEP 18 2017
CITY CLERK
CITY OF CAPE MAY

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.

B/L - Ready TO view Only.
✓ JMK

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

AGENCY USE ONLY

Tracking Information

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

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

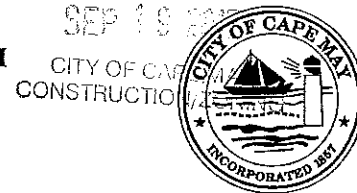
Ruthie Harker
Custodian Signature

9-21-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
 643 Washington Street
 Cape May, NJ 08204-2397
 Phone 609-884-9532 * Fax 609-224-8589
 cityclerk@capemaycity.com

RECEIVED



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

160:2017 C17

First Name Chad MI _____ Last Name deSatnick
 E-mail Address C.desatnick@mac.com
 Mailing Address 289 Sixth Ave
 City West Cape May State NJ Zip 08204
 Telephone 609 780 1986 FAX 609 884 2545
 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.

Copy of Original Certificate of Occupancy for 315 Ocean Street Unit #10. (Block 1059/1). Owner of property Connors & Connolly, LLC

RECEIVED

SEP 18 2017

CITY CLERK
CITY OF CAPE MAY

AGENCY USE ONLY

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

AGENCY USE ONLY

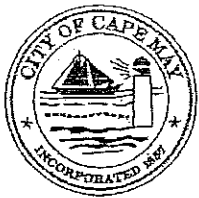
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

CO NONE ON FILE
Reviewed by TCO Only

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

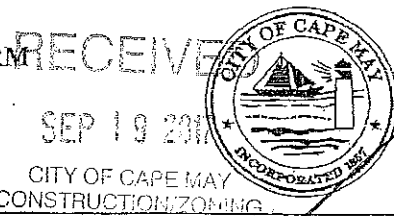
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<i>Emailed</i>			
Custodian Signature <i>Patricia Harkin</i>		Date <i>9-21-2017</i>	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

159:2017 C/12

First Name ANNE MI C Last Name MACMILLAN
E-mail Address amacmillan@bluestoneenviro.com
Mailing Address 675 Lancaster Ave. BERWYN PA
City BERWYN State PA Zip 19312
Telephone 610-999-4593 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 9/14/17

Payment Information

Maximum Authorization Cost \$ 25.00
Select Payment Method
Cash ☐ ☒ Check Money Order
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
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.

Records related to Former CAPE MAY NAVAL AIR STATION.

- military site use
- aerial photographs
- environmental surveys/reports
- Sitemaps

↓ Dr. Erma, NJ

RECEIVED

SEP 15 2017

CITY CLERK
CITY OF CAPE MAY

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 _____

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

See Lower Township
9/19/17

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

Tracking Information

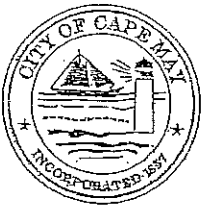
Final Cost

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

Records Provided

[Signature]
Custodian Signature

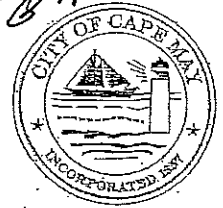
9-19-17
Date



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED
SEP 15 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING



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

157:2017

First Name MICHAEL MI Last Name PIRON

E-mail Address HPIRON63@G.MAIL.COM

Mailing Address 1504 NEW YORK AVE

City CAPE MAY State NJ Zip 08204

Telephone 884-4408

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 9/14/17

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.

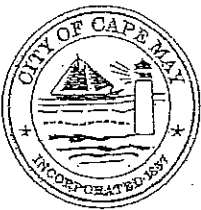
Extras: Special service charge dependent upon request

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.

BLOCK 1176: INFORMATION ON (SHELTON COLLEGE)
LOT 1 • SITE PLAN (LATEST)
• VARIANCES
• ENGINEERING SUMMARY

Review between 12pm - 2pm, Friday 9-15-17 per Edie

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes	Tracking Information		Final Cost
Est. Delivery Cost	_____	Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking #	Total	_____
Est. Extras Cost	_____	Ready to view @ 15 sheets & 11 reports Plans to review 9/15/17	Rec'd Date	Deposit	_____
Total Est. Cost	_____		Ready Date	Balance Due	_____
Deposit Amount	_____		Total Pages	Balance Paid	_____
Estimated Balance	_____		Records Provided		_____
RECEIVED SEP 14 2017 LICENSING CITY OF CAPE MAY		In Progress - Open Denied - Closed Filled - Closed Partial - Closed		Custodian Signature <u>[Signature]</u> Date <u>9-18-17</u>	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

SEP 15 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



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

158:2017 C/Z

First Name Sean MI M Last Name Cannaday
E-mail Address scannaday@rigginsoil.com
Mailing Address 3938 S. Main Rd
City Vineland State NJ Zip 08360
Telephone C-856-466-1588
856-825-7600 Ext: 0103 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 9/14/17

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 would like to review any zoning, planning or HPC applications/file for and property file for WAWA located at 1426-1428 Texas Ave, Cape May NJ 08204.

1160/SJ.01

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 _____

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

*Ready to review
B/L file
9/15/17*

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

Tracking Information

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

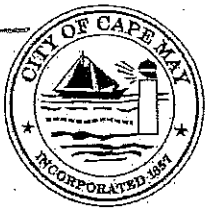
Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[Signature]
Custodian Signature

9-18-17
Date



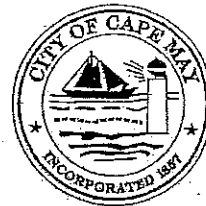
CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

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SEP 14 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



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

#156-2017

First Name Trisha MI Last Name Ray
E-mail Address trisha@draco-i.com
Mailing Address 878 Sunset View Blvd. Tallmadge, OH 44278
City Tallmadge State OH Zip 44278
Telephone 855.383-3454 x 200 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 Trisha Ray Date 8/24/2017

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.

RE: Victorian Apartments - 608 Washington Street - Block 1058 Lots 1 & 34

I would like to request a Zoning Verification Letter stating the zoning district of the property and the following documents for the above property.

- ✓ Copy of the Existing Certificate of Occupancy (Permits) -
- Copies of any Open Unresolved Property Violations (Code Enforcement) ✓
- ✓ Copies of any Site Specific Planning or Zoning Approvals (Planning & Zoning)

Thank you.

RECEIVED

SEP 12 2017

CITY CLERK
CITY OF CAPE MAY

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.

28-8 1/2 x 11 SHTS.

9-14-17
RFP

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

Enailed 9-14-17
PH

Ratisha Hahn
Custodian Signature

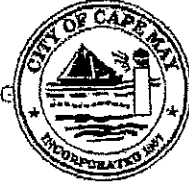
9-14-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-834-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED
SEP 12 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING



155:2017

C/Z

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 Ferzoco
E-mail Address Joeferzoco1@gmail.com
Mailing Address 5406 New Jersey Ave
City Wildwood State NJ Zip 08260
Telephone 6097222100 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 9/8/17

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.

For the property located at 1044 Idaho Ave in Cape May
Block 1104 Lot 15

We are looking for the following

1. Who was the builder of the property?
2. Please forward any floorplans that are available.

RECEIVED

SEP 11 2017

CITY CLERK
CITY OF CAPE MAY

→ OCF CONSTRUCTION
108 SANGRASS CT.
CMCH, NJ 08210 P-609-722-1147

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance \$6.00
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
BUILDER - OCF: O
CONSTRUCTION
(2) FULL SIZE @
PRINTS PP. 9-1277
In Progress _____ Open _____
Denied _____ Closed _____
Filed _____ Closed _____
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking # _____	Total _____	Deposit _____	Balance Due _____
Rec'd Date _____	Ready Date _____	Balance Paid _____	
Total Pages _____			
Records Provided			
1 left message for pick-up			
Custodian Signature <u>Patricia Hahn</u>		Date <u>9-12-17</u>	



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



Payroll

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

153:2017 Personnel

First Name Sandra MI M Last Name LeConcy
E-mail Address sandynhook@yahoo.com
Mailing Address 25 Williams St
City Rio Grande State NJ Zip 08242
Telephone 609-425-2913 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 Sandra M LeConcy Date 9/7/17

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 List of all police officers employed by Cape May 2017 - Please include summer AND part time officers.

*Thank you
Sandy LeConcy*

*10/11/17 PD sent Roster
Request not hand writing Roster needed*

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 _____

RECEIVED

SEP 07 2017

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 _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

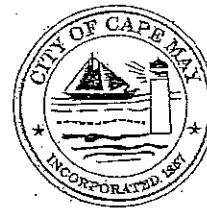
E-mailed Request

Ratner _____ *9-11-17*
Custodian Signature Date



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

152:2017 C/2

First Name Robert MI Last Name Himmeldstein
E-mail Address roberthim@icloud.com
Mailing Address PO Box 920
City Ocean City State NJ Zip 08226
Telephone 609-665-4004 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 9-6-17

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.

Permit Activity report (Construction)
~~Construction Permits~~ for 2017
MARCH, April, MAY, June, July & August

thank you

RECEIVED

SEP 07 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Attached -
Activity Report
copy only.
45 pages 9/7/17

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

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Emailed

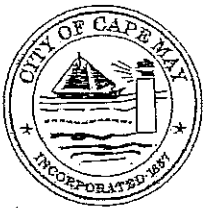
SEP 06 2017

LICENSING

Custodian Signature

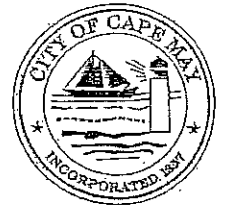
Date

9-8-17



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

151:2017 C12

First Name Ed MI _____ Last Name JOHNSTON

E-mail Address Seacove1@verizon.net

Mailing Address 405 Beach AVE.

City Cape May State N.J. Zip 08204

Telephone 884-5159 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site X 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 E. Johnston Date 9/6/17

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.

*would like to review my neighbor's new construction house + site plan.
Site - behind The Jetty Motel. on 2nd Ave.
Cape May, N.J.*

RECEIVED

SEP 07 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

B1012/Lots 15.02

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 _____

RECEIVED

Deposit Date SEP 05 2017

LICENSING
CITY OF CAPE MAY

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

*B12 - Ready to view - Monday
Sept - 12-3-
9h/17 VGMK*

In Progress _____ Open _____

Denied _____ Closed _____

Filled _____ Closed _____

Partial _____ Closed _____

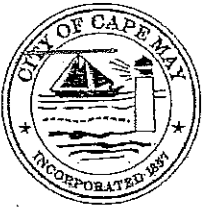
Tracking Information

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

Records Provided

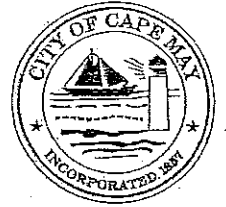
R. H. H.
Custodian Signature

9-8-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

150:2017 Clerk

First Name BARNEY (WISTER) MI _____ Last Name DOUGHERTY

E-mail Address DOUGHERTY4068@COMCAST.COM

Mailing Address P.O. Box #446 - 4068 BAYSHORE RD.

City CAPE MAY State N.J. Zip 08204

Telephone 609-884-8178 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 Barney Wister Date 9-6-17

Payment Information

Maximum Authorization Cost \$ 10⁰⁰

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 FRANKLIN ST. SCHOOL AND ANY ADDITIONAL THERETO.
(LEASE)

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 \$1.20

RECEIVED

Deposit Date SEP 06 2017

LICENSING
CITY OF CAPE MAY

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

9-8-17
24 pgs \$1.20
called for
Pick up

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

Tracking Information

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

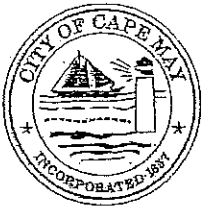
Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

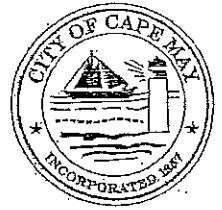
Ratna
Custodian Signature

9-8-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

14912017

First Name Patricia MI _____ Last Name Lis
E-mail Address patlis1@aol.com
Mailing Address 1330 Pennsylvania Ave. Unit D
City Cape May State NJ Zip 08204
Telephone 707 592 9503 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 Patricia Lis Date 8-1-17

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.

Requesting proof of permit(s) for construction / placement of 10x12 shed on 1340 C Pennsylvania Ave. Cape May NJ 08204
Barbara + Mary Murray (owners) 610 812-4782
RECEIVED
SEP 06 2017
CITY OF CAPE MAY CONSTRUCTION/ZONING
• Photos available
• delivered 7/31/17
• installed on Lot 18 / median area (grass/tree area)
• Safety hazard
• request everything in file

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 _____

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, state reason here

RECEIVED

SEP - 1 2017

CITY CLERK
CITY OF CAPE MAY

NO PERMITS EXIST FOR SHED INSTALL.

Partial RP Closed _____
Filled 8-6-17 Closed _____
Denied _____ Closed _____

Tracking Information

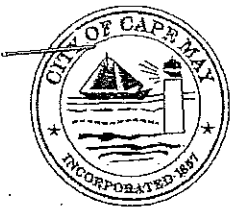
Final Cost

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

Records Provided

Patricia Lis
Custodian Signature

9-6-2017
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

148:2017 CLERKS
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 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 [Signature] Date AUG 30, 2017

Payment Information

Maximum Authorization Cost \$ 35
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 OPRA REQUESTS MADE FOR documents OR CORRESPONDANCE of
The city, city officials or the police department FOR July or August
of 2017

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance 500

RECEIVED

Deposit Date AUG 30 2017

LICENSING

CITY OF CAPE MAY

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

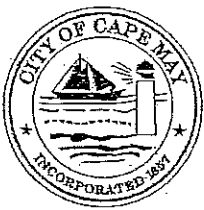
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Final Cost

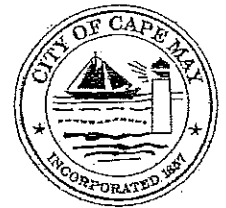
[Signature]
Custodian Signature

8-31-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

147:2017th C/2
First Name HUNTER MI _____ Last Name COCHRANE
E-mail Address HUNTER.COCHRANE@VERIZON.NET
Mailing Address 1429 NJ AVE
City CAPE MAY State NJ Zip 08204
Telephone 884-4084 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 8-30-17

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.

~~CONSTRUCTION FILE FOR 1511 NEW YORK AVE~~

BLOCK 1176 LOT 1.

① COPY OF SHEET #2 OF SUBDIVISION PLAN
"GRADING AND DRAINAGE PLAN"

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance \$6.00
RECEIVED
Deposit Date AUG 30 2017

LICENSING
CITY OF CAPE MAY

AGENCY USE ONLY

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

4. message
to PV map
1 Sheet \$6.00

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

9-5-17
Called & left message to Picky

[Signature]
Custodian Signature

9-5-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

146.2017

C12

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information – Please Print

First Name Douglas MI H Last Name Moini

Company _____

Mailing Address 214 Old Mill Rd

City Freehold State NJ Zip 07728 Email dmoini.eoutlook.com

Telephone: Area Code 908 Number 875-3725 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up _____ US Mail ☒ On Site Inspect _____

Check 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 8/20/2017

Payment Information

I agree to pay for fees related to this request no greater than

\$ 25.00

Select Payment Method

Cash _____
Check ☒
Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

All records pertaining to Block 1052, Lot 5 (816-824 Lafayette) including, but not limited to the development application and all supporting documentation, ^{board} ~~board~~ meeting minutes, board resolutions, tax records, etc from October 2007 to present.

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____

Comments:

Denied _____

Approved-Records to be granted in seven business days _____

Approved - Records will take longer than seven business days _____

Tracking Information

ID # _____
Ready Date _____
Date Mailed _____
or Picked Up _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Date Paid _____

Records Provided

Picked up.

Custodian Signature [Signature]

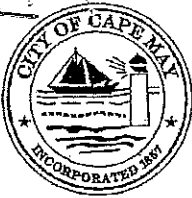
Date 9-8-17

RECEIVED

AUG 30 2017

CITY CLERK

CITY OF CAPE MAY



RECEIVED

AUG 28 2017

CITY CLERK
CITY OF CAPE MAY

CITY OF CAPE MAY

OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

AUG 31 2017



CITY OF CAPE MAY

Important Notice

CONSTRUCTION/ZONING

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

Requestor Information - Please Print

145:2017 Cont-912

Payment Information

First Name Eric MI C Last Name Axelson
 E-mail Address eric.axelson@Foxroach.com
 Mailing Address 41 S. Haddon Ave
 City Haddonfield State NJ Zip 08033
 Telephone 609-790-9801 FAX 856-428-6793
 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 8/28/17

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.

116427

Please provide copies of all permits (both open and closed) for any work done on 1233 Vermont Ave, Cape May, NJ, 08204, within the last four years from 1/1/2013 until Present. Property is under contract to be sold and I am representing the Buyers and want to make sure all work was done properly and permits have been closed. If copies of the permits could be emailed that would be great. Thanks

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.

5-8 1/2 x 11
 72P 8-31-17

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

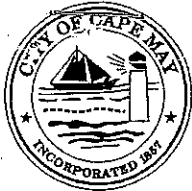
AGENCY USE ONLY

Tracking Information

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

Records Provided

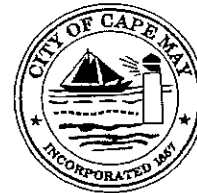
[Signature] 9-11-17
 Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

AUG 25 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING



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

144:2017

First Name Kayleigh MI L Last Name Sena
E-mail Address Kayleigh.sena@marathonconsultants.com
Mailing Address 1616 Pacific Ave Suite 501
City Atlantic City State NT Zip 08401
Telephone (609)437-2100 FAX (609)437-2101
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 8/21/2017

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.

Please see attached letter.

RECEIVED

AUG 23 2017

CITY CLERK
CITY OF CAPE MAY

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.

~~1149/899~~
1146
1-8 1/2 x 11 8-28-17
RP

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

Emailed

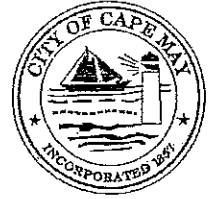
[Signature]
Custodian Signature

8-29-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



CONSTRUCTION ZONING

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

143:2017

First Name PZR: Shenice MI Last Name Lewis

E-mail Address Shenice.Lewis@pzs.com

Mailing Address 1300 S Meridian Avenue, Suite 400

City Oklahoma City State OK Zip 73108

Telephone 800-344-2944 x 4487 FAX 405-947-9508

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 Shenice Lewis Date 8-22-2017

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.

Please provide a Zoning Verification Letter, open Zoning, Building and Fire Code Violations (on file), Variances, Conditional and/or Special Use Permits (excluding signage), Certificates of Occupancy and the Final Approved Site Plan for the property located at 25 to 27 Jackson Street, Block: 1041, Lot: 28.

Please do not exceed \$50.00 without prior approval.

(our ref #106168-1)

RECEIVED

AUG 23 2017

CITY CLERK
CITY OF CAPE MAY

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.

20-8 1/2 x 14"
24-8 1/2 x 11
8-28-17
RP

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

AGENCY USE ONLY

Tracking Information

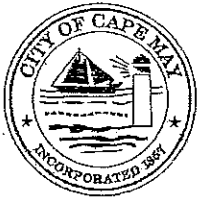
Tracking # Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid

Records Provided

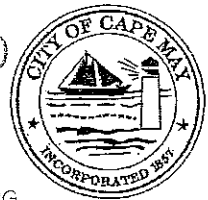
Emailed

Patricia Hahn
Custodian Signature

8-29-17
Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



RECEIVED
AUG 25 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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

142:2017

First Name PZR: Shenice MI Last Name Lewis

E-mail Address Shenice.Lewis@pwr.com

Mailing Address 1300 S Meridian Avenue, Suite 400

City Oklahoma City State OK Zip 73108

Telephone 800-344-2944 x 4487 FAX 405-947-9508

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 Shenice Lewis Date 8-22-2017

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.

Please provide a Zoning Verification Letter, open Zoning, Building and Fire Code Violations (on file), Variances, Conditional and/or Special Use Permits (excluding signage), Certificates of Occupancy and the Final Approved Site Plan for the property located at 22 Jackson Street; Block: 1034, Lot: 7.

Please do not exceed \$50.00 without prior approval.

(our ref #106160-1)

RECEIVED

AUG 23 2017

CITY CLERK
CITY OF CAPE MAY

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

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

14-8 1/2 x 11
1-8 1/2 x 14
8-28-17
JLH

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

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Emailed

Custodian Signature

Date

8-29-17



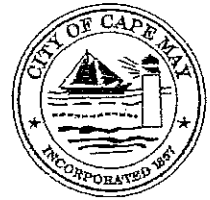
CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

AUG 23 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



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

14112017

First Name PZR: Shenice MI Last Name Lewis

E-mail Address Shenice.Lewis@pzi.com

Mailing Address 1300 S Meridian Avenue, Suite 400

City Oklahoma City State OK Zip 73108

Telephone 800-344-2944 x 4487 FAX 405-947-9508

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 Shenice Lewis Date 8-22-2017

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.

Please provide a Zoning Verification Letter, open Zoning, Building and Fire Code Violations (on file), Variances, Conditional and/or Special Use Permits (excluding signage), Certificates of Occupancy and the Final Approved Site Plan for the property located at 12 Jackson Street; Block: 1033, Lot: 1.

Please do not exceed \$50.00 without prior approval.

(our ref #106161-1)

RECEIVED

AUG 23 2017

CITY CLERK
CITY OF CAPE MAY

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.

4-8 1/2 x 11
8-28-17
RP

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

E-mailed

Patricia Walker 8-29-17
Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

140-2017 C/2

First Name Lois Boylan MI V Last Name Boylan
E-mail Address boylan2@msn.com
Mailing Address 1220 New York Ave
City Cape May State NJ Zip 08204
Telephone 609-884-9327 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 Lois V. Boylan Date 8.22.17

Payment Information

Maximum Authorization Cost \$ 25.00
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
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 would like to view the property file, including site plan + permits, for 106 Trenton Ave. Cape May

RECEIVED

AUG 22 2017

CITY CLERK
CITY OF CAPE MAY

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 _____

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

8-23-17
Left voice mail for PU Ready.
PK

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

Tracking Information

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

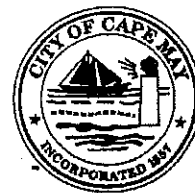
Records Provided

Ruth Harker 8-23-17
Custodian Signature Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

139:2017

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information – Please Print

First Name Barbara MI _____ Last Name MARINO

Company _____

Mailing Address 845 Cape Ave

City Cape May State NJ Zip 08204 Email agmarino@comcast.net

Telephone: Area Code 609 Number 898-0346 Extension net

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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 8/17/17

Payment Information

I agree to pay for fees related to this request no greater than

\$ 25

Select Payment Method

Cash _____
Check _____
Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

Any & All documents reviewed by Mayor Lee from 11/11 to present relating to Ethics of government officials / Ethics training / any correspondence from the N.J. League of Municipalities or Dept. of Local Public Finance

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____

Comments:

Denied _____

Approved-Records to be granted in seven business days _____

Approved – Records will take longer than seven business days _____

Tracking Information

ID # _____ Total _____
Ready Date _____ Deposit _____
Date Mailed _____ Balance Due _____
or Picked Up _____ Balance Paid _____
Total Pages _____ Date Paid _____

Records Provided

RECEIVED
RECEIVED

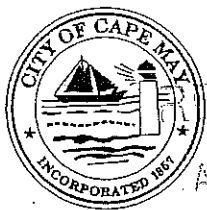
AUG 21 2017

AUG 21 2017

CITY CLERK
CITY OF CAPE MAY
CITY OF CAPE MAY

[Signature]
Custodian Signature

8-28-17
Date



CITY OF CAPE MAY OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

AUG 22 2017



CITY OF CAPE MAY
CONSTRUCTION/ZONING

Important Notice

CITY CLERK
CITY OF CAPE MAY

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

Requestor Information - Please Print

138:2017 C/Z

First Name John MI MI Last Name Strick
E-mail Address strick@gmail.com
Mailing Address 112 E Walnut Ave
City Merchmontville State NJ Zip 08104-2517
Telephone 609.923.2733 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 John D. Strick Date 8/22/2017

Payment Information

Maximum Authorization Cost \$ 50
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 materials
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.

Property: 23 Windsor Avenue, Cape May, REAR SHED

Documents Regarding shed in rear yard, erected 2 May 2011

Requester: - All permits, if any

REQUEST TO VIEW PROPERTY FILE - APC evaluation + recommendations, if any

(URGENT - SETTLEMENT PENDING) - Any other documents related to this structure

* (Property is to be sold)
Please notify me 609.923.2733 and I'll pick up on Sept. 12, 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.

Ready to view only. B/L
8/24/17 SMK
1024/15
In Progress - Open
Denied - Closed
Filled - Closed

AGENCY USE ONLY

Tracking Information

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

Records Provided

Requests to view file Thurs. 8/24/17
8-24-17



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
 Cape May, NJ 08204-2397
 Phone 609-884-9532 * Fax 609-224-8589
 cityclerk@capamaycity.com



137:2017

Code Enforcement
 PIZ
 License

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 R Last Name Peacock
 E-mail Address mpeacock@npdlaw.com
 Mailing Address 4030 Ocean Heights Avenue
 City Egg Harbor Township State NJ Zip 08234
 Telephone 609-904-5007 FAX 609-926-9721
 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 August 18, 2017

Payment Information

Maximum Authorization Cost \$ 500.00
 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 copies of the following documents from January 1, 2014 to the present day related to or touching upon property identified as 5-9 Stockton Place, Cape May City, New Jersey (further identified as Block 1064, Lot 17 on the City of Cape May Tax Map) owned by "Morrow and Morrow":

1. Any certificates of occupancy or continuing certificates of occupancy;
2. Any mercantile licenses;
3. Any notices of violation issued by the Zoning Officer and/or Construction/Building Department;
4. Any outstanding notices of violation issued by the Zoning Officer and/or Construction/Building Department;
5. All municipal court summonses and/or complaints issued with regard to the property or any activity occurring at the property;
6. All smoke detector certifications/fire safety certificates (or other related fire safety documentation/permits)
7. All building/code inspection certificates;
8. All certificates of rental registration.

AGENCY USE ONLY

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

Deposit Date _____

RECEIVED

AUG 21 2017

CITY CLERK
 CITY OF CAPE MAY

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 _____

RECEIVED

AUG 24 2017

CODE ENFORCEMENT
 CITY OF CAPE MAY



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



136 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 Pamela MI D Last Name Barsby
E-mail Address Pamelabarsby@live.com
Mailing Address 422 Portsmouth Rd
City Cape May State NJ Zip 08204
Telephone 609-846-8119 FAX 609-884-4407
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 Pamela Barsby Date 8/21/2017

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.

View property file for 1005 New Jersey
View board file.

RECEIVED

AUG 21 2017

CITY CLERK
CITY OF CAPE MAY

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 _____

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

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

Records Provided

viewed file

[Signature] 8-29-17
Custodian Signature Date



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

135:2017 PD & FD

First Name THOMAS MI W. Last Name Pejel
E-mail Address njclaims@optonline.net
Mailing Address NJ CLAIMS, PO Box 710
City Weymouth State NJ Zip 07474
Telephone 973-237-9555 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 8/16/17

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.

Please provide copy of police CAD report
2016-13322 and/or any other report
regarding fall down of Evelyn Hepper on
10/6/16 at Stockton Inn, 804 Beach Dr.
(we are ins co. for Stockton Inn)

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____
RECEIVED
AUG 16 2017 PH

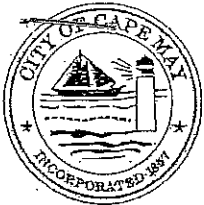
AGENCY USE ONLY

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			
Custodian Signature <u>Patricia Harkin</u>		Date <u>8-17-17</u>	



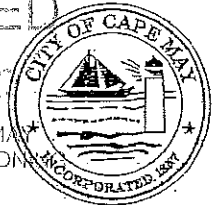
CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com

RECEIVED

AUG 17 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



134 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

186. 2017 Const P12
First Name WILLIAM MI G Last Name REINERT
E-mail Address WCREINERT@VERIZON.NET
Mailing Address PO BOX 2352
City CAPE MAY State NJ Zip 08204
Telephone 570-690-4608 FAX _____
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 [Signature] Date 8-16-17

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.

PROPERTY FILE FOR 351 CONGRESS ST.
CAPE MAY

RECEIVED

AUG 16 2017

LICENSING
CITY OF CAPE MAY

1031/84

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 _____

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

8/17/17 - 1031/84
B/x - Ready
TO VIEW
@MX
In Progress - Open
Denied - Closed
Filed - Closed

Tracking Information

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

Records Provided

Placed + left message 8/21/17 @

Patricia H. [Signature] 8-21-17



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

133:2017 Clerks

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information - Please Print

First Name Barbara MI _____ Last Name Marino

Company _____

Mailing Address 845 Cape Ave

City Cape May State NJ Zip 08204 Email agmarino@comcast.net

Telephone: Area Code 609 Number 898-0346 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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

I agree to pay for fees related to this request no greater than

\$25.00

Select Payment Method

Cash _____
Check _____
Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

☒ Receive a Copy

Any / All O.P.R.A. requests from Ben Miller, Clarence "Chuck" Lear, Robert Sheehan, Chris Gray, Laurel A. Fedak.

Range Dates - 1/1/14 to present

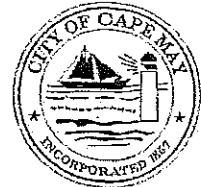
AND RESULTING PROVIDED RESULTS OF OPRA

CITY USE ONLY

<u>Due 9-5-2017</u> <u>7 day extension</u> Estimated Record Cost _____ Special Cost _____ Total Cost Estimated _____ RECEIVED AUG 15 2017 CITY CLERK CITY OF CAPE MAY	Comments: <u>38 pgs x .05 = 19.00</u> <u>2 CD's = 2.00</u> <u>21.00</u> Denied _____ Approved-Records to be granted in seven business days _____ Approved -- Records will take longer than seven business days _____	<table border="1"> <thead> <tr> <th colspan="2">Tracking Information</th> <th colspan="2">Final Cost</th> </tr> </thead> <tbody> <tr> <td>ID #</td> <td>_____</td> <td>Total</td> <td>_____</td> </tr> <tr> <td>Ready Date</td> <td>_____</td> <td>Deposit</td> <td>_____</td> </tr> <tr> <td>Date Mailed or Picked Up</td> <td>_____</td> <td>Balance Due</td> <td>_____</td> </tr> <tr> <td>Total Pages</td> <td>_____</td> <td>Balance Paid</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td>Date Paid</td> <td>_____</td> </tr> </tbody> </table> Records Provided Custodian Signature <u>[Signature]</u> Date <u>8-29-17</u>	Tracking Information		Final Cost		ID #	_____	Total	_____	Ready Date	_____	Deposit	_____	Date Mailed or Picked Up	_____	Balance Due	_____	Total Pages	_____	Balance Paid	_____			Date Paid	_____
Tracking Information		Final Cost																								
ID #	_____	Total	_____																							
Ready Date	_____	Deposit	_____																							
Date Mailed or Picked Up	_____	Balance Due	_____																							
Total Pages	_____	Balance Paid	_____																							
		Date Paid	_____																							



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



132 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@niadvancemedia.com
Mailing Address 161 Bridgton Pike Bldg E
City Mullica Hill State NJ Zip 08062
Telephone 609-819-2381 FAX _____
Preferred Delivery: Pick Up _____ 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 A. Hoover Date 8/15/17

134:2017 Tax Office Finance
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 much the city made in beach tag revenue in the 2016 season. Response via email with amount in dollars is preferred.

RECEIVED

AUG - 9 2017

CITY CLERK

CITY OF CAPE MAY
AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes

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

8-23-17
E-mailed

PH

In Progress - Open _____
Denied - Closed _____
Filed - 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

R. Hoover 8-23-17
Custodian Signature Date

131:2017

Accidentally skip

No OPRA for
131:2017

RECEIVED

OPEN PUBLIC RECORDS ACT REQUEST FORM

AUG 15 2017

CITY CLERK
CITY OF CAPE MAY

130:2017 Tax Collector

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 ☒
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 _____
DUE 8-24-2017

AGENCY USE ONLY

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

8-28-17
E-mailed OPRA
Request (PH)

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			
Custodian Signature <u>[Signature]</u>		Date <u>8-28-17</u>	

127:2017

Patty Harbora

From: Nicole CURIO [ncurio@grucciopepper.com]
Sent: Friday, August 18, 2017 4:39 PM
To: cityclerk@capemaycity.com
Cc: GWU, Office; nyoun@capemaycity.com
Subject: FW: GWU Request for Information
Attachments: CapeMayClerk080717.pdf

Good afternoon –

I have spoken with David Tucker and he has agreed that, for now, it is not necessary to respond to this request. If a response is needed, either David or myself will let you know.

Thank you,
Nicole



GRUCCIO, PEPPER, DI SANTO & RUTH, P.A.

817 East Landis Avenue
Vineland, NJ 08362-1501
Nicole J. Curio, Esq.

(856) 691-0100
(856) 691-3302
ncurio@grucciopepper.com

DISCLAIMER

This e-mail message is intended only for the personal use of the recipient(s) named above. This message may be an attorney-client communication and as such privileged and confidential. If you are not an intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by e-mail and delete the original message.

From: GWU, Office [mailto:Office@gwu.comcastbiz.net]
Sent: Monday, August 07, 2017 1:55 PM
To: cityclerk@capemaycity.com
Cc: Nicole CURIO <ncurio@grucciopepper.com>
Subject: GWU Request for Information

City Clerk Harbora,

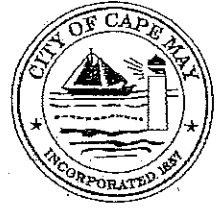
Attached, please find an information request. This information is necessary for our current contract negotiations.

* This is not intended to be an OPRA request* (We always get asked that when making these requests.)



CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8589
cityclerk@capemaycity.com



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

128:2017 Clerks

First Name James MI V Last Name MOFFATT
E-mail Address EMOFFATT@AOL.COM
Mailing Address 806 Sewell Ave
City Cape May State NJ Zip 08204
Telephone 609 425-9096 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature James V Moffatt Date 8/14/17

Payment Information

Maximum Authorization Cost \$ 1.05
Select Payment Method total
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 2016 report "BIKE WALK CAPE MAY"
PARTS 1 AND 2
Bicycle and Pedestrian Plan for
Cape May AND Cape May Point

AGENCY USE ONLY

Est. Document Cost \$ 1.75
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance \$1.75

Deposit Date RECEIVED
AUG 14 2017

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

Records Provided

Ruthie L... 8-14-17
Custodian Signature Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

12912017 P/Z

Requester Information – Please Print

First Name Andrew MI D Last Name Catanese

Company Monzo Catanese Hillegass, PC

Mailing Address 211 Bayberry Drive, Suite 2A

City Cape May Court House State NJ Zip 08210 Email acatanese@mchlegal.com

Telephone: Area Code 609 Number 463-4601 Extension _____

Fax Area Code 609 Number 463-4606

Preferred Delivery: Pick Up _____ US Mail X On Site Inspect _____

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / X HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 8-8-17

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash _____

Check _____

Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

Any and all documents on file with the Zoning Office and Construction Office concerning property at 521 Lafayette Street, Cape May.

CITY USE ONLY

DUE 8-23-2017

Estimated Record Cost _____

Special Cost _____

Total Cost Estimated _____

Comments:

Denied _____

Approved-Records to be granted in seven business days _____

Approved – Records will take longer than seven business days _____

Tracking Information

ID # _____

Ready Date _____

Date Mailed _____

or Picked Up _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Date Paid _____

Records Provided

RECEIVED

AUG 14 2017

CITY CLERK
CITY OF CAPE MAY

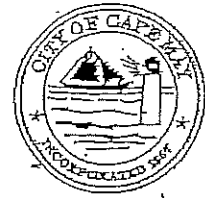
[Signature]
Custodian Signature

8-17-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

126:2017 Payroll - Personnel

Requester Information - Please Print

First Name Nancy MI Last Name Mohan

Company

Mailing Address 419 E Jacksonville Ave

City Villas State NJ Zip 08251 Email n/mo80401@yahoo.com

Telephone: Area Code Number Extension

Fax: Area Code Number

Preferred Delivery: Pick Up US Mail On-Site Inspect email

Check 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 Nancy Mohan Date 8/10/17

Payment Information

I agree to pay for fees related to this request no greater than

\$

Select Payment Method

Cash
Check
Money Order

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☐ Receive a Copy

A list of all new clerical employees hired from 1/1/16 to 8/10/17. Include job description / duties, salary, stipends.

CITY USE ONLY

Due 8-22-17

Estimated Record Cost

Special Cost

Total Cost Estimated

Comments:

Denied

Approved - Records to be granted in seven business days

Approved - Records will take longer than seven business days

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid 8

Records Provided

RECEIVED

AUG 11 2017

CITY CLERK
CITY OF CAPE MAY

Custodian Signature

8-15-17

Patty Harbora

125:2017

Payroll

From: Patty Harbora [pharbora@capemaycity.com]
Sent: Monday, August 07, 2017 4:19 PM
To: 'Neil Young'
Subject: FW: GWU Request for Information
Attachments: CapeMayClerk080717.pdf

Neil,
Please see attached a request for finances?
Patty

From: GWU, Office [mailto:Office@gwu.comcastbiz.net]
Sent: Monday, August 07, 2017 1:55 PM
To: cityclerk@capemaycity.com
Cc: Nicole CURIO
Subject: GWU Request for Information

City Clerk Harbora,

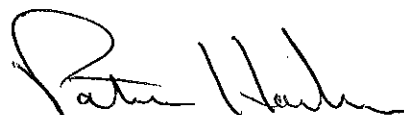
Attached, please find an information request. This information is necessary for our current contract negotiations.

* This is not intended to be an OPRA request* (We always get asked that when making these requests.)
We simply need some information from the employer to evaluate the financials.

Thank you for your attention to this matter.

David Tucker
President

Government Workers Union
18 South Second Street
P.O. Box 664
Hammonton, New Jersey 08037
Phone: 609-561-9588
Fax: 609-561-9098
Email: Office@gwu.comcastbiz.net





AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian



124:2017

PD

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 O'DonnellE-mail Address James.O'Donnell@nbcuni.comMailing Address 10 Monument RoadCity Bala Cynwyd State PA Zip 19004Telephone 215-913-0273 FAX 610-668-5649Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail

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

Signature James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost \$ 1

Select Payment Method

Cash ☒ 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 see attached 3 pages

RECEIVED
AUG 10 2017
CITY CLERK
CITY OF CAPE MAY

Due 8-21-17

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 _____

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

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Patricia H. [Signature]
Custodian Signature

8-11-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

123:2017 Const P/Z

Requester Information - Please Print

First Name Andrew MI D Last Name Catanese

Company Monzo Catanese Hillegass, PC

Mailing Address 211 Bayberry Drive, Suite 2A

City Cape May Court House State NJ Zip 08210 Email acatanese@mchlegal.com

Telephone: Area Code 609 Number 463-4601 Extension

Fax Area Code 609 Number 463-4606

Preferred Delivery: Pick Up US Mail X On Site Inspect

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / X 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

I agree to pay for fees related to this request no greater than

\$

Select Payment Method

Cash

Check

Money Order

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect Or ☒ Receive a Copy

Any and all documents on file with the Zoning Office and Construction Office concerning property at 521 Lafayette Street, Cape May.

CITY USE ONLY

Doe 8-22-17
Estimated Record Cost
Special Cost
Total Cost Estimated

RECEIVED

AUG 11 2017

CITY CLERK
CITY OF CAPE MAY

Comments:

8-16-17
E-mailed

Denied

Approved-Records to be granted in seven business days

Approved - Records will take longer than seven business days

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

[Signature]
Custodian Signature

8-16-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

122:2017 FINANCE

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information - Please Print

First Name Anthony MI Last Name Morgano
Company Levine Staller Sklar Chan & Brown, P.A.
Mailing Address 3030 Atlantic Avenue
City Atlantic City State NJ Zip 08401 Email tmorgano@levinestaller.com
Telephone: Area Code 609 Number 348-1300 Extension
Fax: Area Code 609 Number 347-1166
Preferred Delivery: Pick Up US Mail X On Site Inspect Email X

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / X HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date August 10, 2017

Payment Information

I agree to pay for fees related to this request no greater than

\$

Select Payment Method

Cash
Check
Money Order

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☐ Receive a Copy

Any and all invoices, statements and/or bills from or paid to The Honorable Richard Jesse Williams J.A.D. (Ret.) by the City of Cape May for legal fees, fees for services and/or costs related to any alternative dispute resolution, mediation or handling any aspect of any case for the period August 2012 up through and including the present date.

CITY USE ONLY

Estimated Record Cost
Special Cost
Total Cost Estimated

Comments: 8-11-17
E-mailed
[Signature]

Denied

Approved-Records to be granted in seven business days

Approved - Records will take longer than seven business days

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

[Signature]
Custodian Signature

8-11-17
Date

RECEIVED

AUG 10 2017

CITY CLERK
CITY OF CAPE MAY



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

121-2017 C/Z

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information - Please Print

First Name ANITA MI R Last Name NOVINO

Company _____

Mailing Address 351 CONGRESS ST

City CAPE MAY State NJ Zip 08004 Email anita.novino@gmail.com

Telephone: Area Code 609 Number 898-9856 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒

Check 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 Anita Novino Date 8/10/17

Payment Information

I agree to pay for fees related to this request no greater than

\$ 0

Select Payment Method

Cash _____
Check _____
Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☒ Inspect

Or ☐ Receive a Copy

ny file pertaining to 347 Congress St.
C.M. N.J. that I am permitted to view
↑ CONSTRUCTION

8-11-17

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____

Comments:

Denied _____

Approved-Records to be granted in seven business days _____

Approved - Records will take longer than seven business days _____

Tracking Information

ID # _____
Ready Date _____
Date Mailed or Picked Up _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Date Paid _____

Records Provided

RECEIVED

AUG 10 2017

LICENSING
CITY OF CAPE MAY

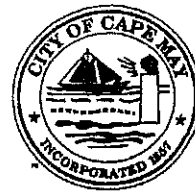
[Signature]
Custodian Signature

8-11-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

120:2017

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information – Please Print

First Name Barbara MI Last Name MARINO

Company

Mailing Address 845 Cape Ave

City Cape May State NJ Zip 08204 Email agmarino@capecast.net

Telephone: Area Code 609 Number 898-0346 Extension

Fax Area Code Number

Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐

Check 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 8/10/17

Payment Information

I agree to pay for fees related to this request no greater than

\$

Select Payment Method

Cash ☒
Check ☐
Money Order ☐

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

☒ Receive a Copy

Copies of all Council Meetings as shown on live Stream from Jan. 1, 2017 to Aug 1, 2017 where the name "Sheehan" was stated by any council member, solicitor, Administrator, Clerk or Member of the public Copy of agenda as well as disc.

CITY USE ONLY

Due 8-21-17
Estimated Record Cost \$2.30
Special Cost
Total Cost Estimated \$2.30

RECEIVED

AUG 10 2017

CITY CLERK
CITY OF CAPE MAY

Comments: 8-17-17
Sent Hr. to
clarify OPRA
Request.
8-18-2017
E-mailed to Pick up
(P4)
Denied

Approved-Records to be granted in seven business days

Approved - Records will take longer than seven business days

4A pages

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

[Signature]
Custodian Signature

8-18-17
Date

Date: _____

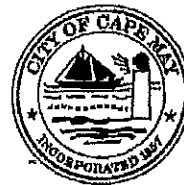
CITY USE ONLY				
Estimated Record Cost _____ Special Cost _____ Total Cost Estimated _____	Comments: 8-9-17 Emailed (PL)	Tracking Information ID # _____ Ready Date _____ Date Mailed _____ or Picked Up _____ Total Pages _____	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Date Paid _____	
	Denied _____ Approved-Records to be granted in seven business days _____ Approved – Records will take longer than seven business days _____	_____ _____ _____	Records Provided _____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____



C

ny

FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information -- Please Print

First Name Colin
Company Hankin Sandman Palladino & Weintrob
Mailing Address 30 S New York Avenue
City Atlantic City State NJ Zip 08406
Telephone: Area Code 609 Number 234-1111
Fax: Area Code 609 Number 234-1111
Preferred Delivery: Pick Up US Mail X On Site Inspection

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / X / any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature]

Date 8/11

Payment Information

I agree to pay for fees related to this request no greater than

\$ 50

Select Payment Method

Cash
Check X
Money Order

letter size paper @ \$0.05
legal size paper @ \$0.07

Delivery / postage fees
additional depending upon
delivery type.

Ordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the request.

Request Access to: ☐ Inspect

All call logs, body camera footage, MVR recordings, citizen complaints, police reports, 911 calls, and other documents to 411-413 Broadway in the Borough of West Cape May in the past year.

All call logs, body camera footage, MVR recordings, citizen complaints, police reports, 911 calls, and other documents relating to Steven Kindle, Eric Woodrow, or Katelyn Woodrow in the past year.

All communications between the Cape May City Police and Pamela Kailhern, Carol Sabo, Peter Burke, or Todd Land corner 411-413 Broadway in the Borough of West Cape May, Steven Kindle, Eric Woodrow, or Katelyn Woodrow in the past year.

This request is also made under the common law right of access on behalf of Steven Kindle, Eric Woodrow and Katelyn Woodrow for all of the responsive documents to the address provided above.

Due 8-18-17

CITY USE ONLY

Estimated Record Cost
Special Cost
Total Cost Estimated

Comments: 8-16-17
Fixed

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Costs

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

RECEIVED

AUG - 9 2017

**CITY CLERK
CITY OF CAPE MAY**

Denied

Approved-Records to be granted
in seven business days

Approved - Records will take
longer than seven business days

Custodian Signature [Signature]

Date 8-16-17



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

116:2017

609-884-9532 (phone)
609-884-8589 (fax)

Requester Information - Please Print

First Name Barbara MI _____ Last Name MARINO

Company _____

Mailing Address 845 Cape Ave

City Cape May State NJ Zip 08204 Email agmarino@comcast.net

Telephone: Area Code 609 Number 898-0346 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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 8/8/17

Hand delivered by Anthony Marino

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash ☒
Check ☐
Money Order ☐

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

☒ Or Receive a Copy

Any and All correspondence (to include emails, letters, memo's and texts) from Mayor Heare to the New Jersey Attny General's office and/or the Cape May County Prosecutors office wherein Mayor Heare identifies, by signature or otherwise, himself as "Mayor" that refer to or relate to Chief Anthony Marino (or Tony) or any other method used to identify Marino → (see back)

CITY USE ONLY

Due <u>8-17-2017</u> Estimated Record Cost _____ Special Cost _____ Total Cost Estimated _____ RECEIVED <u>Aug 08 2017</u> CITY CLERK CITY OF CAPE MAY	Comments: Denied _____ Approved-Records to be granted in seven business days _____ Approved - Records will take longer than seven business days _____	<table border="1"> <thead> <tr> <th colspan="2">Tracking Information</th> <th colspan="2">Final Cost</th> </tr> </thead> <tbody> <tr> <td>ID #</td> <td>_____</td> <td>Total</td> <td>_____</td> </tr> <tr> <td>Ready Date</td> <td>_____</td> <td>Deposit</td> <td>_____</td> </tr> <tr> <td>Date Mailed or Picked Up</td> <td>_____</td> <td>Balance Due</td> <td>_____</td> </tr> <tr> <td>Total Pages</td> <td>_____</td> <td>Balance Paid</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td>Date Paid</td> <td>_____</td> </tr> </tbody> </table> Records Provided <u>[Signature]</u> <u>8-16-17</u> Custodian Signature Date	Tracking Information		Final Cost		ID #	_____	Total	_____	Ready Date	_____	Deposit	_____	Date Mailed or Picked Up	_____	Balance Due	_____	Total Pages	_____	Balance Paid	_____			Date Paid	_____
Tracking Information		Final Cost																								
ID #	_____	Total	_____																							
Ready Date	_____	Deposit	_____																							
Date Mailed or Picked Up	_____	Balance Due	_____																							
Total Pages	_____	Balance Paid	_____																							
		Date Paid	_____																							



City of Cape May

GOVERNMENT RECORDS REQUEST FORM

RECEIVED

AUG 10 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

115:2017 P/Z Cons 4

Requester Information - Please Print

First Name Tosh MI Last Name Glynn

Company Hurvitz + Waldman LLC

Mailing Address 1008 S. New Road

City Pleasantville State NJ Zip 08232 Email j.glynn@hurwitzlaw.com

Telephone: Area Code 609 Number 383-2300 Extension

Fax: Area Code 609 Number 383-8333

Preferred Delivery: Pick Up US Mail On Site Inspect

Check 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 8/8/17

Payment Information

I agree to pay for fees related to this request no greater than

\$

Select Payment Method

Cash
Check
Money Order

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

Entire contents of permit/construction file for Victoria's Walk Condominium Association Unit #103 including all permits, correspondence and inspections Reports etc.

CITY USE ONLY

Estimated Record Cost 3.60

Special Cost

Total Cost Estimated 3.60

8-11-17 Will PU

Comments: 8-10-17

72 PAGES

8 1/2 x 11

2014-0023 RP
2016-0156

Denied

Approved-Records to be granted in seven business days

Approved - Records will take longer than seven business days

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid 2

Records Provided

RECEIVED

AUG 08 2017

LICENSING
CITY OF CAPE MAY

[Signature]
Custodian Signature

8-11-17
Date

RECEIVED

AUG 08 2017



City of Cape May

CITY OF CAPE MAY
CONSTRUCTION/ZONING

GOVERNMENT RECORDS REQUEST FORM

643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com609-884-9532 (phone)
609-884-8589 (fax)

C/E 114:2017

Requester Information -- Please Print

First Name Jonathan MI M Last Name CarrierCompany N/AMailing Address 398 Congress StreetCity Cape May State NJ Zip 08204 Email jackrunner@gmail.comTelephone: Area Code 603 Number 888-5157 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒Check 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 Jonathan M Carrier Date 07 AUG 2017

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash _____

Check _____

Money Order _____

Fees: letter size paper @ \$0.05

legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☒ InspectOr ☐ Receive a Copy

would like to view the property file for
347 Congress Street
(Plot Plan, or
construction record, and
as-built plan)

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____Comments: 8/8
Blx 1031/82
Ready to view
EMC

Tracking Information

ID # _____
Ready Date _____
Date Mailed _____
or Picked Up _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Date Paid 8-9-17

Records Provided

8/9/17 Left voice message
files ready for review.
Spoke to Mr. Carrier

Patricia Haden
Custodian Signature

Date

RECEIVED

AUG 07 2017

LICENSING
CITY OF CAPE MAY

Denied _____

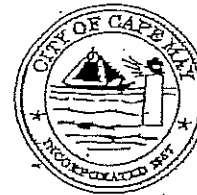
Approved-Records to be granted in seven business days _____

Approved--Records will take longer than seven business days _____



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



543 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

113.2017 PD

Requester Information - Please Print

First Name Nancy MI Last Name Mansfield
Company Village Greene Civic Association
Billing Address 1110 Pennsylvania Ave.
City Cape May State NJ Zip 08204 Email HaddonNan@aol.com
Telephone: Area Code 609 Number 902-1370 Extension
Area Code Number

Payment Information

I agree to pay for fees related to this request no greater than

\$ 50.00

Select Payment Method

Cash
Check ☒
Money Order

Preferred Delivery: Pick Up US Mail On Site Inspect email

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ☒ HAVE NOT been convicted of indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Nancy Mansfield

Date 8-7-2017

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Fastest Access to: ☐ Inspect

Or ☒ Receive a Copy

List of break-ins / attempted break-ins in R2 and/or R4 - Village Greene Civic Association.
(zoning areas)
Photo ID of person in recent break-in. And results of investigation. - JAN 2017 - PRESENT -

CITY USE ONLY																
2 8-16-17 Estimated Record Cost <u></u> Material Cost <u></u> Cost Estimated <u></u>	Comments Denied <u></u> Approved-Records to be granted in seven business days <u></u> Approved - Records will take longer than seven business days <u></u>															
RECEIVED AUG 07 2017 LICENSING CITY OF CAPE MAY	Tracking Information <table border="1"> <thead> <tr> <th>ID #</th> <th>Total</th> <th>Final Cost</th> </tr> </thead> <tbody> <tr> <td>Ready Date</td> <td></td> <td>Deposit</td> </tr> <tr> <td>Date Mailed or Picked Up</td> <td></td> <td>Balance Due</td> </tr> <tr> <td>Total Pages</td> <td></td> <td>Balance Paid</td> </tr> <tr> <td></td> <td></td> <td>Date Paid</td> </tr> </tbody> </table> Records Provided Costodian Signature <u>Ruthie Harker</u> Date <u>8-8-17</u>	ID #	Total	Final Cost	Ready Date		Deposit	Date Mailed or Picked Up		Balance Due	Total Pages		Balance Paid			Date Paid
ID #	Total	Final Cost														
Ready Date		Deposit														
Date Mailed or Picked Up		Balance Due														
Total Pages		Balance Paid														
		Date Paid														



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

112:2017 CherkS

Requester Information - Please Print

First Name WILLIAM MI - Last Name SEEGER III

Company _____

Mailing Address 1361 B. VERMONT AVE

City CAPE MAY State NJ Zip 08204 Email billseeger3@yahoo.com

Telephone: Area Code 484 Number 667-6952 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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 William Seeger III Date 8-2-17

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash _____

Check _____

Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

COPIES OF MONTHLY OVERTIME REPORT AS
PROVIDED TO CITY COUNCIL FOR TERM OF
JAN 2016 THROUGH JULY 2017.

CITY USE ONLY

Estimated Record Cost 250

Special Cost _____

Total Cost Estimated 250

Comments:

Denied _____

Approved-Records to be granted
in seven business days _____

Approved - Records will take
longer than seven business days _____

Tracking Information

ID # _____

Ready Date _____

Date Mailed
or Picked Up _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Date Paid _____

Records Provided

RECEIVED

AUG 03 2017

CITY CLERK

CITY OF CAPE MAY

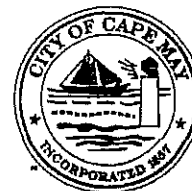
Patricia Hall
Custodian Signature

8-11-17
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

111-2017 Clerks

Requester Information - Please Print

First Name Barbara MI _____ Last Name Marino

Company _____

Mailing Address 845 Cape Ave

City Cape May State NJ Zip 08204 Email agmarino@comcast.net

Telephone: Area Code 609 Number 898-0346 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

Check 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 8/2/17

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash _____
Check _____
Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect

Or ☒ Receive a Copy

All executive session minutes from January 1, 2017 to August 1, 2017. Even if content is redacted, I am entitled to the Members present and topic of discussion.

Thank you.

CITY USE ONLY

Estimated Record Cost 15¢
Special Cost _____
Total Cost Estimated 15¢
8-25-17 65¢

RECEIVED

AUG -2 2017

CITY CLERK
CITY OF CAPE MAY

8-25-17

Comments: The rest of closed session adopted on 8-15-2017 ready for pick-up. called left voice message

Denied (PH) _____

Approved-Records to be granted in seven business days _____

Approved - Records will take longer than seven business days _____

Tracking Information

ID # _____
Ready Date _____
Date Mailed or Picked Up _____
Total Pages _____

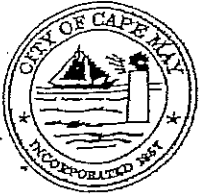
Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Date Paid _____

Records Provided

[Signature]
Custodian Signature

8-11-2017
Date



City of Cape May

GOVERNMENT RECORDS REQUEST FORM



643 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com

609-884-9532 (phone)
609-884-8589 (fax)

110:2017 P12

Requester Information - Please Print

211 Perry St

First Name Kathleen MI A Last Name Adams

Company _____

Mailing Address 93 New Freedom Rd.

City Monroeville State N.J. Zip 08343 Email Kamadams@cox.net

Telephone: Area Code 856 Number 362-1093 Extension _____

Fax Area Code _____ Number _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Check 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 Kathleen Adams Date 8/1/17

Payment Information

I agree to pay for fees related to this request no greater than

\$ _____

Select Payment Method

Cash _____

Check _____

Money Order _____

Fees: letter size paper @ \$0.05
legal size paper @ \$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: ☐ Inspect ☐ Or ☐ Receive a Copy

We would like to know if there is a limit to the number of tents that Congress Hall / Virginia Hotel is allowed to put on the beach. They are taking over Perry Street Beach. *tents and umbrellas*

CITY USE ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____

Comments: 8/1/17
E-mailed
a left message

Tracking Information

ID # _____
Ready Date _____
Date Mailed or Picked Up _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Date Paid _____

Records Provided

RECEIVED

JUL 31 2017

LICENSING
CITY OF CAPE MAY

Denied _____

Approved-Records to be granted in seven business days _____

Approved - Records will take longer than seven business days _____

[Signature]

CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM
643 Washington Street, Cape May NJ 08204
6098849525
City Clerk

RECEIVED

AUG - 7 2017

CITY CLERK
CITY OF CAPE MAY

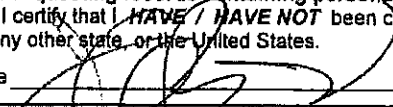
109.2017

PD + FD

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 ☒	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> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6 August 6, 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 a private detective conducting an investigation in support of anticipated civil litigation at the direction of attorney Robert A Fineberg on behalf of his client, DR Richard Foxx who was injured in on 06/17/2017 on Hughes Street in Cape May NJ 08204 and investigated by the Cape May Police Department under their file number 2017 05519. Please consider this as my written request under both the Open Public Records Act and NJ Right to Know for all records including but not limited to: all reports, printed records, digital records, interviews, images and other evidence gathered during that agency's investigation of the matter described above; any records of any responses to the scene by other emergency services or first responders including the Cape May Fire Department or Emergency Medical Services; for all records, including but not limited to, all reports, printed records, digital records, interviews, images, recordings, or records including 911 calls, patrol vehicle digital audio or video files, body camera audio or video files or related documentation of the client's injury; and records of ownership, rental records, mercantile licenses, inspections or other documents for the property at 652 Hughes Avenue, Cape May NJ and Alex, Anne and Michael Longfellow at that address.

If you have any questions or require additional clarification please contact me. Thank you for your time and attention.

AGENCY USE ONLY

Doc 8-16-17	
Est. Document Cost	\$1.50
Est. Delivery Cost	
Est. Extras Cost	
Total Est. Cost	\$1.50
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.	
10 pgs 50¢ 1 CD \$1.00	
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		
		8-16-17
Custodian Signature		Date