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.

Patricia 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 2 1
CITY OF CAPE MAY
CONSTRUCTION/ZONING

201:2017 CE

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 Heijing MI ____ Last Name PARK-LOCANTRO

E-mail Address Heijing@jerseycaperealty.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 - $0.05 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 Folder of
1160 B. Washington St. CM.

1110/39

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.
11/21/17 [signature]

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
RECEIVED
NOV 1 2017
LICENSING
CITY OF CAPE MAY

[signature] 11-21-17
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

200:2017 10/27/17 C12

RECEIVED
NOV 17 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 Perry MI ____ Last Name Ryan

E-mail Address sestaoo6@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 [signature] 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, Yasmine Building Systems, Delvight House Lifters, SBS Modular Homes, PNB-Phil Hans, along with any and all sub contractors Requests for permits, CMC 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

COPIES OF PERMITS + ASSOCIATED DOCUMENTATION FROM 2013 TO PRESENT. 55 PGS. 11-17-17 RP

[signature] 11-17-17
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)

199:2017 Tax Assessor

Requester Information – Please Print

First Name Larry MI ____ Last Name Higgins

Company ____

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858 Email OPRA@NJPropertyRecords.com

Telephone: Area Code 908 Number 255-9919 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*** / X ***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

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

There's not enough space here to write the records being requested. Please view the attached document.

current Zoning map on website-www.Capemaycity.com

CITY USE ONLY

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

RECEIVED
NOV 14 2017
LICENSING
CITY OF CAPE MAY

Comments:
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

Custodian Signature

11-20-17
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

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 609 884 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 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 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

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.

Please see attached PH

In Progress - Open ____
Denied - Closed ____
Filed - 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

Custodian Signature 11-22-17 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

11/13/2017

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 609 884 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 J U 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 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 released.

RECEIVED
NOV 13 2017
LICENSING
CITY OF CAPE MAY

capehender@comcast.net

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.

See Attached
PH

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

Custodian Signature 11-22-17 Date

City of Cape May

RECEIVED
NOV 13 20
CITY OF CAPE M
CONSTRUCTION/ZONI

GOVERNMENT RECORDS REQUEST FORM

PZ 196-2017

Requester Information – Please Print

First Name JACK MI ____ Last Name McDONOUGH

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 Jack McDonough 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 Or ☒ 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 ____

RECEIVED
NOV 03 2017
CITY CLERK
CITY OF CAPE MAY

Comments: 11/13/17 Attached is the only copy in the office B/L or 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____
Date Paid ____

Records Provided

Custodian Signature 11-13-17 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 11/06/2071

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 11/8/17

No Violations
No finance Pymt - Per QPA

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid. _____

Records Provided

Patricia Hawkins 11-8-17
Custodian Signature Date

OPRA 194-2017

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 Jacqueline 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 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 Henderson
capehender@comcast.net

AGENCY USE ONLY

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

RECEIVED
NOV 06 2017
LICENSING
CITY OF CAPE MAY

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Patricia Henderson 11-6-17
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

192:2017 Mayor, Bd Administration

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 J U 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
NOV 06 2017
LICENSING
CITY OF CAPE MAY

Deposit Date ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

P Henderson 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

11/2017 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 X US Mail ____ On-Site Inspect X Fax ____ E-mail X

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

Signature _____ 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 0 1 2017
LICENSING
CITY OF CAPE MAY

RECEIVED
NOV 0 8 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.

Plumb. Permit not disputed to date 11/9/17 VDM
Previous files were provided.

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

Patricia Southern
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:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 11-1-2017

Payment Information

Maximum Authorization Cost $ 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 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 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 CD's
~~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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[signature] 11-7-17
Custodian Signature Date

cnelson@djdlawyers.com

CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-884-8589
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 Maher

E-mail Address thomas3840@verizon.net

Mailing Address 102 Mt Vernon Ave

City Cape May State N.J Zip 08204

Telephone ~~609~~ 484 3666166 FAX _____

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

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

Signature _____ Date 11-3-2017

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 trailers 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

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

RECEIVED
NOV 03 2017
LICENSING
CITY OF CAPE MAY

Deposit Date _____

AGENCY USE ONLY

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

11/6/17 VSMR
View file

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

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.

Dan,
See sample Attached

Respectfully,

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 Eg. 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 Divsion 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 Divsion 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; aswhandlin; 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 Divsion 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 t oUS Attorney Sessions dn teh forer corrupt FBI director Comey who protected Clinton et al see http://thomascaggiano.com/clinton.pdf . If one provides the denial of access t the GRC the corrupt GRC simply google thomas+caggiano+GRC t oread hundreds of a web urls how corrupt the GRC has bee under the Corzine and Christe administration s

While the GRC will deny a denial of access occurred if any non-citizen of Nj but USA citizen nowned 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 yu county to inspect any govt record or obtain a copy of any govt record perhGRC the cannot Is the County'spostion the same as the City of Cape May? I doubt it. . that means everyone in your county can not even know what you county proceeds are nor submit a request to your county clerk for a copy of theri own deed nro could any company desiring to locate a business in your county get a copy fo any form the yare required to complete nor could any business request a copy of an RFP. Since the the City of Cape May and your Cape may

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 _____ Date 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

-AND-

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

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

AGENCY USE ONLY

RECEIVED
OCT 26 2017
CITY CLERK
CITY OF CAPE MAY

AGENCY USE ONLY

RECEIVED
OCT 26 2017
CITY CLERK
CITY OF CAPE MAY

AGENCY USE ONLY

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.

185:2017 FD

Requestor Information – Please Print

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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Patricia Sadler 11-24-17
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 Divsion 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; ic_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 Divsion 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 citzen of NJ but was proor to me beingassualkted b StatePolice in NJ thre times, having mywife recived three death threats agaisnt me afte I tesitfied unde oath agaisnt State, Sussexounty offcials adn emoloyees, Borough of Stanhope offcialsadn emplyees 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 corrutp State offcials nand otehs in NJ and NV is justificed 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 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)

183: 2017 FINANCE

Requester Information – Please Print

First Name Henry MI ____ Last Name Savelli

Company ____

Mailing Address 60 Wendell Place

City Clark State NJ Zip 07068 Email hsavelli@smartprocure.us

Telephone: Area Code ____ Number ____ Extension ____

Fax Area Code ____ Number ____

Preferred Delivery: Pick Up ____ US Mail EMAIL 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 Henry Savelli Date 10/20/2017

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

Mr. Henry Savelli is submitting an OPRA request to the City of Cape May for any and all purchasing records from 06/16/2017 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents.

The specific information requested from your record keeping system is:

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

CITY USE ONLY

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

RECEIVED
OCT 20 2017
CITY CLERK
CITY OF CAPE MAY

Comments:

152 pgs total

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 $0
Deposit ____
Balance Due ____
Balance Paid ____
Date Paid ____

Records Provided

EMAILED 10/25/17 SS

Custodian Signature

10/25/17
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

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 X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

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

Signature _____ Date ____

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. (BUISESS LICENSE OR RENTAL LICENSE)

RECEIVED
OCT 19 2017
LICENSING
CITY OF CAPE MAY

10/19/17 There are no licenses for the referenced property. NM

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 0¢

N/C

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

10-19-17 Called for pick-up

Patricia Hudson 10-20-17
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

181:2017 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 _____ 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

10/26/17
Emailed Request a letter

Custodian Signature 10-26-17 Date

5037938956

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

180:2017 FD

Requester Information – Please Print

First Name Marcia MI ____ Last Name Pierce

Company Metropolitan Reporting Bureau

Mailing Address Box 926, William Penn Annex

City Philadelphia State PA Zip 19105 Email mpierce@metroreporting.com

Business Hours Telephone: Area Code 800 Number 345-616860 Extension 149

Fax Area Code 800 Number 343-9047

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 10/05/17

mPierce@metroreporting.com

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: ☐ Inspect Or ☐ Receive a Copy

Date: 07/09/17 Rept#:

Location: 1619 NEW JERSEY AVE CAPE MAY

Insured: WILLIAMS, ERNEST

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

Emailed

Patricia Jackson 10-23-2017
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

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 ___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 10-16-17

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 _____
Filed - 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 Jacqueline 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 these 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
LICENSING

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Patricia Henderson
Custodian Signature

10-16-17
Date

Patty Harbora 10/7/2017 OPRA Clerks Z/C

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
CITY OF CAPE MAY
CONSTRUCTION/ZONING

Phone: 609-884-9525
Fax: 609-884-8589

City of Cape May

643 Washington Street

GOVERNMENT RECORDS REQUEST FORM

176:2017 Plz - Const

Requester Information – Please Print

First Name: Robert MI: D Last Name: Risselman

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 I ____ HAVE / ____ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: _____ Date: 10/09/2017

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 @ $0.50
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.

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.

CITY CLERK'S ONLY

Estimated Record Cost _____
Special Cost _____
Total Cost Estimated _____

Comments: 1059/1 NONE ON File

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 / Picked Up: _____
Total Pages _____

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

Records Provided

Custodian Signature: Patricia Sheehan Date: 10-13-17

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

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

RECEIVED
OCT 04 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 609-332-5737 FAX ____

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

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

Signature ____ Date 10/4/17

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. CAPE MAY 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

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 Viewed Some day

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

Patricia Newton
Custodian Signature

10-6-17
Date

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

43 Washington St.
Cape May, NJ 08204
cityclerk@capemaycity.com 174:2017 Clerks
609-884-9532 (phone)
609-884-8589 (fax)

Requester Information – Please Print

First Name JULIUS MI B. Last Name RAUCH

Company

Mailing Address 1010 NEW YORK AVE

City CAPE MAY State NJ Zip 08204 Email JULESRAUCH3@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* / 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 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 (MAC)

Ins. on this Event

CITY USE ONLY

Estimated Record Cost
Special Cost
Total Cost Estimated 20¢

RECEIVED
SEP 18 2017
LICENSING
CITY OF CAPE MAY

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 #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

Custodian Signature [signature] Date 9-21-17

RECEIVED
OCT 02 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 173:2017 C17

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 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 Gerald P. Valentine 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 02 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 FILE VIEWED
10-2-17
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

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
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 172;2017 C17

First Name Edward MI ____ Last Name Eslarow

E-mail Address ESlarow@gmail.com

Mailing Address PO Box 1223

City GLENSIDE State PA Zip 19038

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 Eslarow Date 10.2.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

11 North Street Unit 1
Permit issued to ESlarow re:
Moving of furnace under BL 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

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

Deposit Date 350

AGENCY USE ONLY

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

SEVEN (7) 8½x11 COPIES - 10-2-17 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

Patricia Hartman 10-2-17

RECEIVED

OCT 0 4 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 171-2017 C/Z

First Name Jenna MI M Last Name Ramos

E-mail Address Shutterstoshades@comcast.net

Mailing Address 3033 Dune Drive

City Avalon State NJ Zip 08202

Telephone 609-425-0883 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 Jenna R. Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting ALL open NEW construction / Demolition permits. From 1/1/17 - today.

RECEIVED
SEP 29 2017
CITY CLERK
CITY OF CAPE MAY

* Also please send Cape May Points No Demo

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Est'mated 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) - 8½ x 11 PGS,
10-5-17
RP

In Progress - Open ____
Denied - Closed ____
Filed - 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

Custodian Signature 10-5-17 Date

OPRA 170:2017
Finance
Payroll

Patricia Harker 10-10-17
Sent

September 29, 2017

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

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 <u>when available</u>:

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, <u>prior to incurring</u> 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
(571)409-7071
www.teal-usa.com

RECEIVED
SEP 28 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

CITY OF CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

643 Washington Street
Cape May, NJ 08204-2397
Phone 609-884-9532 * Fax 609-224-8538
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 9/26/2017 CJZ

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 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 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) SANBORN 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.

B/C Ready to View - Sanborn maps VEMC 9/27/17

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

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 9/26/2017

First Name Matthew M Last Name Walter

E-mail Address W.renovations@yahoo.com

Mailing Address 216 Jeanne 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 Matthew 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

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

Deposit Date ___

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

License viewed 9/26/17
- Satisfied 9/26/17

Custodian Signature 9/26/17 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

9/7/2017

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 _____ 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 MAJOR LEAR TO EITHER THE NJ ATTORNEY GENERAL'S OFFICE OR THE CAPE MAY 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
SEP 26 2017
LICENSING
CITY OF CAPE MAY

Deposit Date SEP 26 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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

E-mailed 9/27/17.

Custodian Signature Dep. 9/27/17 Date

Pat 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.

166:2017

Requestor Information – Please Print

First Name Patrick MI K Last Name Shannon

E-mail Address

Mailing Address 414 Bank St

City Cape May State NJ Zip 08204

Telephone 608 827 5906 FAX

Preferred Delivery: Pick Up X 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 ____ 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 Jackson St.
block & lot
building permits
zoning

RECEIVED
SEP 25 2017
LICENSING
CITY OF CAPE MAY

View only
219 Jackson – 1046/11.02
223 Mullock.

Applicat will be in monday oct 2 PM

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

9/26/17
Ready to view
B/L.
Only.
VBMK

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/25/17
Ready Date 9/27/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Left message w/ applicant 9/27/17
- applicant will view file 10/2 EE

Patricia Jackson 9-28-17
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

Patricia Harbora

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 28 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 1164.2017 C12

First Name MICHAEL MI ____ Last Name PIRON

E-mail Address MJPIRON63@GMAIL.COM

Mailing Address 1504 NEW YORK AVE

City CAPE MAY State NJ Zip 08204

Telephone 884-4408 FAX ____

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

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

Signature [signature] Date 9/19/17

Payment Information

Maximum Authorization Cost $ whatever it ends up being

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 (SHELTON COLLEGE) LOT #1

- SITE PLAN PAGES - COPIED
  - Pg 1 - COVER SHEET
  - Pg 2 - SUB PLAN
  - Pg 4 - LANDSCAPE
- COPY OF DECLARATION OF COVENANTS, CONDITIONS, EASEMENTS + RESTRICTIONS + ESTABLISHMENTS OF HIGHLAND BEACHES HOMEOWNERS ASSOC.

resolutions?

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost 11.97 plus postage 8.17
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance $19.80

RECEIVED
Deposit Date SEP 19 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.

B/C copies made
$6.00

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
8½ x 11 = $1.80¢
Plans (3) = $18.00 Plans &
$19.80

Patricia Nahm 9-29-17
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

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.

163.2017 C12

Requestor Information – Please Print

First Name MARGA MI D Last Name MATHEW

E-mail Address Margamath2@gmail.com

Mailing Address PO Box 23606

City Cape May State NJ Zip 08004

Telephone 860 573-9697 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 Marga D Mathew Date 9/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

View 20 Stockton (Landon)
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

Deposit Date

AGENCY USE ONLY

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

B/C as 9/19/17
Ready to
View EMA

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

Patricia Hughes Custodian Signature 9-21-17 Date

RECEIVED
SEP 19 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 162:2017 C17

First Name John MI R Last Name Merlino Jr.

E-mail Address jmerlino@realestateplanninglaw.com

Mailing Address 394 Manor Rd.

City Staten 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 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 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
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Sent E-mail Cape May Point Property.

Patricia Nolan 9-19-17
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

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 16.1.2017 CT

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 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 /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. VMK

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

Patricia Hartman
Custodian Signature

9-21-17
Date

RECEIVED

SEP 18 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 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 6097801986 FAX 6098842545

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 _____ 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 Lot 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.

NONE ON File
VSMK
Reviewed By TCO Only

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

Patricia Hallum 9-21-2017
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
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 159:2017 C17

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. Upper Township, NJ

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

RECEIVED
SEP 15 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.

See Lower Township 9/19/17

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

[signature] 9-19-17
Custodian Signature Date

RECEIVED
SEP 15 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 157:2017

First Name MICHAEL MI _____ Last Name PIRON

E-mail Address MJPIRON63@G.MAIL.COM

Mailing Address 1504 NEW YORK AVE

City CAPE MAY State NJ Zip 08204

Telephone 884-4408 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 MJPiron 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: INFORMAION ON (SHELTON COLLEGE)
Lot 1 . SITE PLAN (LATEST)
. VARIANCES
. ENGINEERING SUMMARY

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

AGENCY USE ONLY

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

RECEIVED
Deposit Date SEP 14 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.

Ready to view
@15 sheets 8x11 reports
~~Plans to review~~
9/15/17

In Progress - Open _____
Denied - Closed _____
Filed - 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

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

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.

158:2017 C/Z

Requestor Information – Please Print

First Name Sean MI M Last Name Cannaday

E-mail Address SCannaday@riggsnet.com

Mailing Address 3938 S. Main Rd

City Vineland State NJ Zip 08360

Telephone C-856-466-1588 856-825-7600 Extn:3 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.

1160/55.01

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

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

[signature] 9-18-17
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 609-224-8589
cityclerk@capemaycity.com

RECEIVED
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 – 8½ x 11 SHTS.
9-14-17
RF

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 9-14-17 PH

Patricia Hahn
Custodian Signature

9-14-17
Date

RECEIVED

SEP 12 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

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

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 6097292100 FAX ____

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

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

Signature ____ Date 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: ① CONSTRUCTION
(2) FULL SIZE @ PRINTS RP. 9-12-17

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
left message for pick-up

Patricia Faulkner 9-12-17
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

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 LeCorey

E-mail Address sandyhook6@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 LeCorey 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 LeCorey

10/11/17 PD Sat Roster
Request not hand writting Roster needed

AGENCY USE ONLY

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

Deposit Date RECEIVED
SEP 07 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

E-mailed Request

Custodian Signature 9-11-17 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 152:2017 C17

First Name Robert MI ____ Last Name Himmelstein

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 X

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

Signature Robert Himmelstein 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

RECEIVED
SEP 07 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

thank you

AGENCY USE ONLY

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

RECEIVED
SEP 06 2017
LICENSING

Deposit Date ____

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 ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Emailed

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 151.2017 C12

First Name Ed MI ____ Last Name Johnston

E-mail Address Seacove1 at Verizon.net

Mailing Address ~~PO~~ 405 Beach Ave.

City Cape May State N.J. Zip 08204

Telephone 884-5159 FAX ____

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

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

Signature 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.

B1012 / Lot 15.02

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 ____

RECEIVED
Deposit Date SEP 08 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.

B/L. Ready to view – Monday 12-3- 9/11/17 VSMK

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

Patricia Harbus
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 Wister V. Dougherty Date 9-6-17

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.

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

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

AGENCY USE ONLY

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 ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

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.

149:2017

Requestor Information – Please Print

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 207 592 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 10'x12' shed on 1340 C Pennsylvania Ave. Cape May NJ 08204

- Photos available
- Delivered 7/31/17 & installed on Lot 18/median area (grass/tree area).
- Safety hazard

Barbara + Nancy Murray (owners) 610 862-4782

- request everything in file

RECEIVED
SEP 06 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.

RECEIVED
SEP - 1 2017
CITY CLERK
CITY OF CAPE MAY

NO PERMITS EXIST FOR SHED INSTALL.

In Progress ____ Open ____
Denied ____ Closed ____
Filled 8-6-17 Closed ____
Partial RP Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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.

148: 2017 Clerks

Requestor Information – Please Print

First Name VINCENT MI P Last Name CONTI

E-mail Address VCONTI@CMCHERALD.COM

Mailing Address 24 Acorn Lane

City CMCH State NJ Zip 08210

Telephone 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 $ 25

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 CORRESPONDENCE of The city, city officials & 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 50¢

RECEIVED
AUG 30 2017
LICENSING
CITY OF CAPE MAY

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[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 14:2017 CL2

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 X 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 8-30-17

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.

1. ~~CONSTRUCTION FILE FOR 151 NEW YORK AVE~~

BLOCK 1176 LOT 1.

2. 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
AUG 30 2017
LICENSING
CITY OF CAPE MAY

Deposit Date ____

AGENCY USE ONLY

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

4. message to PU map
1 Sheet $6.00

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

9-5-17
Called & left message to Picky

[signature] 9-5-17
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)

8/30/2017 CR

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.e@outlook.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

Date 8/28/2017

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

RECEIVED
AUG 30 2017
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

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

9-8-17
Date

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
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 145:2017 Cont-P/2

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 X

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

Signature _____ Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

11/6/27
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 - 8½ x 11
RP 8-31-17

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

Patricia Southard 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

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 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 NJ Zip 08401

Telephone (609)437-2100 FAX (609)437-2101

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

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

Signature _____ Date 8/21/2017

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.

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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.

~~#49~~/899
1146
1 – 8½ 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

Patricia Harker 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

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@pzr.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.

20-8½X14"
24-8½X11
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

Patricia Hahn 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

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@pzr.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)

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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.

14 - 8½x11
1 - 8½x14
8-28-17
PR

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

Custodian Signature 8-29-17 Date

RECEIVED
AUG 23 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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 1-11-2017

First Name PZR: Shenice MI ____ Last Name Lewis

E-mail Address Shenice.Lewis@pzr.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)

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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 - 8½x11
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

E-mailed

Patricia Harker 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.

140:2017 C12

Requestor Information – Please Print

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: 1-512-0102 Pick Up ~~Up~~ US Mail ~~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

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.

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

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

Patricia Hawkins
Custodian Signature

8-23-17
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 ____

Fax Area Code ____ Number ____

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*** / ____***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 Lear from 11/1/16 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 ____

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AUG 21 2017
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 ____

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] 8-28-17
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

RECEIVED
AUG 3 2 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

RECEIVED
AUG 2 2 2017
CITY CLERK
CITY OF CAPE MAY

Important Notice

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

138:2017 C/Z

Requestor Information – Please Print

First Name Mike MI ____ Last Name Strlick

E-mail Address strlick@gmail.com

Mailing Address 112 E Wilmor Ave

City Ocean City State NJ Zip 08226-2517

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 Jennifer D. Strlick 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 materia

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 Requested: Regarding shed in rear yard, erected in May 2011
- All permits, if any
- MPC evaluation + recommendations, if any
- Any other documents related to this structure

REQUEST TO VIEW PROPERTY FILE

(URGENT - SETTLEMENT PENDING) * (Property is to be sold on Sept. 12, 2017)

Please notify me 609.923.2733 and I'll pick up

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/Z 8/24/17 EMK

In Progress - Open 10/24/17
Denied - Closed ____
Filled - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date 8/24/17
Total Pages ____

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

Records Provided

Requests to view file Thurs. 8/24

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@capemaycity.com

137:2017 Code Enforcement P12 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@hpdlaw.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 xxx

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 August 18, 2017

Payment Information

Maximum Authorization Cost $ 500.00

Select Payment Method

Cash Check X Money Order

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

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

Extras: Special service charge dependent upon request.

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 24 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 24 2017
CODE ENFORCEMENT
CITY OF CAPE MAY

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

136

Important Notice

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

~~188~~ 2017 CIZ

Requestor Information – Please Print

First Name Pamela MI D Last Name Barsby

E-mail Address Pamela.barsby@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

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

viewed file

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

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 Pegel

E-mail Address njclaims@optonline.net

Mailing Address NJ CLAIMS, PO Box 710

City Wayne State NJ Zip 07474

Telephone 973-237-9555 FAX

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

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

Signature [signature] Date 8/16/17

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.

(Carrie 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
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
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Patricia Graham 8-17-17
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

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 13b. 2017 Const P/Z

First Name WILLIAM MI C 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

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. 1031/84

8/17/17 - B/L - Ready To View CMK

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided
Phoned + left message 8/21/17 CB

[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 BGMarino@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 or ☐ 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

Due 9-5-2017 7 day extension

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

RECEIVED
AUG 15 2017
CITY CLERK
CITY OF CAPE MAY

Comments: 38 pgs x .05 = 19.00
2 CD's = 2.00
21.00

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] 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

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 8/4/2017 ~~Tax Office~~ Finance

First Name Amanda MI N Last Name Hoover

E-mail Address ahoover@niadvantemedia.com

Mailing Address 161 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone 609-819-2381 FAX

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

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

Signature Amanda Hoover Date 8/15/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like record of how 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

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.

8-23-17
E-mailed
PH

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

Custodian Signature 8-23-17 Date

131:2017

Accidently skip

No OPRA for

131:2017

RECEIVED

AUG 15 2017

CITY CLERK
CITY OF CAPE MAY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 X

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 8-28-17
Custodian Signature Date

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; nyoung@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, DeSanto & Ruth, P.A.
817 East Landis Avenue
Vineland, NJ 08362-1501
Nicole J. Curio, Esq.
(856) 691-0100
(856) 691-3302
ncurio@grucciopepper.com

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 8/28/2017 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 total

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

The 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 LICENSING

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

8-14-17 Date

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

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

8/9/2017 P 2

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

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

Due 8-23-2017

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

RECEIVED
AUG 14 2017
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 ____

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] 8-17-17
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)

12.6.2017 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 nlm080401@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 ____

RECEIVED
AUG 11 2017
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 ____

Tracking Information

ID #: ____
Ready Date ____
Date Mailed or Picked Up ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____
Date Paid ____

Records Provided

Custodian Signature 8-15-17 Date

Patty Harbora 1.25.2017 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

Patricia Harbora

AGENCY NAME HERE

Place Logo 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

Place Logo Here

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'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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 O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

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 3 pages

RECEIVED
AUG 10 2017
CITY CLERK
CITY OF CAPE MAY

Due 8-21-17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
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

Patricia Hendrickson 8-11-17
Custodian Signature Date

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

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

123:2017 Cons't P/Z

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

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

Due 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] 8-16-17
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)

122-2017 FINANCE

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 ____

RECEIVED
AUG 10 2017
CITY CLERK
CITY OF CAPE MAY

Comments: 8-11-17 E-mailed PW

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

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)

8-21-2017 CZ

Requester Information – Please Print

First Name ANITA MI R Last Name NOVINO

Company ——

Mailing Address 351 CONGRESS ST

City CAPE MAY State NJ Zip 08204 Email anitanovino@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

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

re CONSTRUCTION

8-11-17

CITY USE ONLY

Estimated Record Cost ——
Special Cost ——
Total Cost Estimated ——

RECEIVED
AUG 10 2017
LICENSING
CITY OF CAPE MAY

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

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 amarino@comcast.net

Telephone: Area Code 609 Number 898-0846 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 Or ☐ Receive a Copy

Copies of all Counsel 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, Administrater, 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 ltr. to clarify OPRA Request- 8-18-2017 E-mailed to Pick up

Denied ____ PH

Approved-Records to be granted in seven business days ____

Approved – Records will take longer than seven business days ____

42 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

Patricia Vachon 8-18-17
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)

8/9/2017 Finance

Requester Information – Please Print

First Name Stacey MI ____ Last Name Halbruner

Company ____

Mailing Address 1304 Washington St

City Cape May State NJ Zip 08204 Email Staceyh@capemaycityorg

Telephone: Area Code 609 Number 898-9425 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 Stacey Halbruner 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

COST TO DATE FOR ROBERT SHEEHAN LITIGATION
COST TO DATE FOR FRANK CORRADO'S SERVICES
COST OF STEVE PASCAL LITIGATION

RECEIVED
AUG 09 2017
LICENSING
CITY OF CAPE MAY

CITY USE ONLY

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

8-14-17
Comments:
Stacy did not check off how to obtain Records
PH

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

Peter Hanlon 8-14-17
Custodian Signature Date

RECEIVED
AUG 09 2017
LICENSING
CITY OF CAPE MAY

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

643 Washington St.
Cape May, NJ 08204
...capemayny.com

8/9/2017 Clerks

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

Requester Information – Please Print

First Name Jacqueline MI ____ Last Name Henderson

Company ____

Mailing Address 2 Ringneck Ct.

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

Telephone: Area Code 609 Number 884 3195 Extension ____

Fax Area Code ____ Number 675-8604

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*** / X ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature J. Henderson Date 8-9-2017

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

All OPRA requests to the City of Cape May and the Cape May Police Department submitted by Vince Conti, as an individual and/or as a representative of the Cape May County Herald from the dates between January 1, 2017 to August 9, 2017.

Please email capehender@comcast.n

CITY USE ONLY

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

Comments:
8-9-17 Emailed PW

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

Patricia A. Hand 8-9-17
Custodian Signature Date

C[illegible]y

[illegible]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: 08

Telephone: Area Code: 609 Number:

Fax: Area Code: Number:

Preferred Delivery: Pick Up: US Mail: X On Site Inspec

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

Signature: [signature] Date: 8/

Payment Information

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

$ 50

Collect

Select Payment Method

ash
heck X
ney Order

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

Delivery / postage fees
dditional depending upon
livery type.

ordinary service fees
ndent upon request.

Record Request Information: To expedite the request, be as specific as possible in describ[illegible]

Request Access to: ☐ Inspect

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

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

All communications between the Cape May City Police and Pamela Kaithern, Carol Sabo, Peter Burke, or Todd Land cor[illegible] 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 Woodro[illegible] 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

RECEIVED
AUG - 9 2017
CITY CLERK
CITY OF CAPE MAY

Comments: 8-16-17 Faxed

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 Cos

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

Patricia Adams 8-16-17
Custodian Signature Date

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

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

8/6/2017

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 Lear to the New Jersey Attny General's office and/or the Cape May County Prosecutors office Wherein Mayor Lear identifys, 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 8-17-2017

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

RECEIVED
AUG 08 2017
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 ____

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] 8-16-17
Custodian Signature Date

RECEIVED
AUG 1 0 2017
CITY OF CAPE MAY
CONSTRUCTION/ZONING

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)

115:2017 P/Z Cons't

Requester Information – Please Print

First Name Josh MI ____ Last Name Givner

Company Hurwitz + Waldman LLC

Mailing Address 1008 S. New Road

City Pleasantville State NJ Zip 08232 Email jgivner@hurwitzlaw.com

Telephone: Area Code 609 Number 383-2350 Extension ____

Fax Area Code 609 Number 383-5333

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 _____ 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, correspondences and inspections Reports etc.

CITY USE ONLY

Estimated Record Cost 3.60
Special Cost ____
Total Cost Estimated 3.60

RECEIVED
AUG 08 2017
LICENSING
CITY OF CAPE MAY

8-11-17 will PU
Comments: 8-10-17
72 PAGES
8½ x 11
2014-0023
2016-0156 RP

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

Custodian Signature 8-11-17 Date

RECEIVED

AUG 0 8 2017

CITY OF CAPE MAY
CONSTRUCTION/ZONING

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)

C/Z 11/4/2017

Requester Information – Please Print

First Name Jonathan MI M Last Name Currier

Company N/A

Mailing Address 398 Congress Street

City Cape May State N.J Zip 08204 Email jackcurrier@gmail.com

Telephone: Area Code 603 Number 828-5157 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 Currier 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: ☒ Inspect Or ☐ 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 ____

RECEIVED
AUG 07 2017
LICENSING
CITY OF CAPE MAY

8/8
Comments: B/L 1031/82
Ready to view

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

8/9/17 Left voice message files ready for review. spoke to mr. Currier

Patricia Hudson Custodian Signature 8-9-17 Date

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)

8.3.2017 PD

Requester Information – Please Print

First Name Nancy MI ____ Last Name Mansfield

Company Village Greene Civic Association

Mailing 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 ____

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 Mansfield Date 8-7-2017

Payment Information

I agree to pay for fees related to this request no greater than $ 50.00

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

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

CITY USE ONLY

Due 8-16-17

Estimated Record Cost ____
Final Cost ____
Cost Estimated ____

RECEIVED
AUG 07 2017
LICENSING
CITY OF CAPE MAY

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

Custodian Signature 8-8-17 Date

City of Cape May

GOVERNMENT RECORDS REQUEST FORM

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

8:2017 Clerks

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

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 REPORTS AS PROVIDED TO CITY COUNCIL FOR TERM OF JAN 2016 THROUGH JULY 2017.

CITY USE ONLY

Estimated Record Cost 25¢
Special Cost
Total Cost Estimated 25¢

RECEIVED
AUG 03 2017
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

Tracking Information

ID #
Ready Date
Date Mailed or Picked Up
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Date Paid

Records Provided

Patricia Walker 8-11-17
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)

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] 8-11-2017
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)

8.1.2017 P12

211 Perry St

Requester Information – Please Print

First Name Kathleen MI A Last Name Adams

Company

Mailing Address 93 New Freedom Rd.

City Monroeville State N.J. Zip 08343 Email Kamadams@comcast.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

RECEIVED
JUL 31 2017
LICENSING
CITY OF CAPE MAY

Comments: 8/4/17 E-mailed & left message

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

Date

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

8.9.2017 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 x US Mail ____ On-Site Inspect x Fax x E-mail x

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** 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

DUE 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 8-16-17 Date