Cindy Griffith

To: Joe McDevitt
Subject: RE: Public record request
Attachments: doc05938820170803131856.pdf

Mr. McDevitt
Attached are the requested reports. The Police searched beginning 9/1/2014 as construction began after Labor Day, 2014.

Cindy L. Griffith
Cindy L. Griffith, RMC, CMR
City Clerk
233 JFK Blvd., Room 201
Sea Isle City, NJ 08243
Phone: (609) 263-4461 ext. 1237
Fax: (609) 263-6139

From: Joe McDevitt [mailto:joemcdevittjr@gmail.com]
Sent: Tuesday, August 01, 2017 12:28 PM
To: Cindy Griffith
Cc: Arthur R. Hall; buddy200
Subject: Public record request

Hi Cindy

Please provide me with electronic copies of all police records and/or reports related to accidents on Sea Isle Boulevard while it has been under the current construction program.

If easier for you, summary reports of all accidents would be acceptable.

Regards,

Joe McDevitt

Erika MacMurray

From: Erika MacMurray on behalf of Erika Collins
Sent: Friday, August 04, 2017 2:56 PM
To: 'Roxanne Stark'
Subject: RE: Farina & Boeshe Real Estate Company Rental Permit Request
Attachments: 2017 Rentals.xlsx

Hi Roxanne,

Attached is the information you requested for the 2017 Rental Permits.

Thank you,
Erika Collins

From: Roxanne Stark [mailto:roxannestark@gmail.com]
Sent: Friday, August 04, 2017 2:54 PM
To: Erika Collins
Subject: Farina & Boeshe Real Estate Company Rental Permit Request

Good afternoon Erica,

Please allow this email to serve as an official request for the 2017 Rental Permit Application data.

If you have any questions or need anything from me, please do not hesitate to let me know.

Thank you,

Roxanne Stark
Realtor Associate

Farina & Boeshe Real Estate Company
"Your Familiar Local Real Estate Agency"
4401 Landis Avenue
Sea Isle City, NJ 08243

(609) 263-2828 local
800-213-2828 toll-free
(609) 263-8887 fax

www.SeaIsleOnline.com

Erika MacMurray

From: Roxanne Stark [roxannestark@gmail.com]
Sent: Friday, August 04, 2017 2:54 PM
To: Erika Collins
Subject: Farina & Boeshe Real Estate Company Rental Permit Request

Good afternoon Erica,

Please allow this email to serve as an official request for the 2017 Rental Permit Application data.

If you have any questions or need anything from me, please do not hesitate to let me know.

Thank you,

Roxanne Stark
Realtor Associate

Farina & Boeshe Real Estate Company
"Your Familiar Local Real Estate Agency"
4401 Landis Avenue
Sea Isle City, NJ 08243

(609) 263-2828 local
800-213-2828 toll-free
(609) 263-8887 fax

www.SeaIsleOnline.com

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
SEA ISLE CITY CITY
233 John F Kennedy Blvd
Sea Isle , NJ 08243

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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 Veronica MI _____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX _____

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

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

Signature Veronica Hartman Date 11/21/2017

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.

We request a copy of the "Tax Search Export" (**0509txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

RECEIVED Gave to CO 8/9/17

AUG 09 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Terri Kean Date:

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash | Check | Money Order

Fees:	COST PER SHEET .05¢ – STANDARD .07¢ – LEGAL
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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 17 50th Street, Sea Isle City, NJ

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature | Date

CONSTRUCTION OFFICE
AUG - 9 2017
RECEIVED

RECEIVED
AUG 09 2017
CITY CLERK'S OFFICE

City of Sea Isle City

4416 LANDIS AVENUE CITY OF SEA ISLE CITY
SEA ISLE CITY, NEW JERSEY 08243
609-263-1461
FAX 609-263-6138

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code 609	Number	736-7227	Extension			
Preferred Delivery:	Pick Up	US Mail		On Site Inspect			

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: Terri Kean Date:

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ – STANDARD
.07¢ – LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 17 50th Street, Sea Isle City, NJ

Please email to me at: miller@heistinsurance.com

Thank you!!

Block: 49.01 / Lot: 5

AGENCY USE ONLY

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

CITY USE ONLY

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

No Elevation Cert is on file for this address.

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature: Date: 8/10/17

RECEIVED
AUG 10 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Emailed to Captain Gemelli 8/10/17

RECEIVED
AUG 10 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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 8/10/17
Ready Date 8/15/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

E-mailed Response

CG
Custodian Signature

8/15/17
Date

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

August 7, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain information pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNI.com

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of $5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. **Response is due to requestor as soon as possible, but no later than seven business days.)**

N.J.S.A. 47:1A-1.1

- Inter-agency or intra-agency advisory, consultative or deliberative material
- Legislative records
- Law enforcement records:
  - Medical examiner photos
  - Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
  - Victims' records
- Trade secrets and proprietary commercial or financial information
- Any record within the attorney-client privilege
- Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- Information which, if disclosed, would give an advantage to competitors or bidders
- Information generated by or on behalf of public employers or public employees in connection with:
  - Any sexual harassment complaint filed with a public employer
  - Any grievance filed by or against an employee
  - Collective negotiations documents and statements of strategy or negotiating
- Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- Information that is to be kept confidential pursuant to court order
- Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- Social security numbers
- Credit card numbers
- Unlisted telephone numbers
- Drivers' license numbers
- Certain records of higher education institutions:
  - Research records
  - Questions or scores for exam for employment or academics
  - Charitable contribution information
  - Rare book collections gifted for limited access
  - Admission applications
  - Student records, grievances or disciplinary proceedings revealing a students' identification
- Biotechnology trade secrets **N.J.S.A. 47:1A-1.2**
- Convicts requesting their victims' records **N.J.S.A. 47:1A-2.2**
- Ongoing investigations of non-law enforcement agencies (must prove disclosure is inimical to the public interest) **N.J.S.A. 47:1A-3.a.**
- Public defender records **N.J.S.A. 47:1A-5.k.**
- Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders, Rules of Court, and privileges created by State Constitution, statute, court rule or judicial case law **N.J.S.A. 47:1A-9**
- Personnel and pension records (however, the following information must be disclosed:
  - An individual's name, title, position, salary, payroll record, length of service, date of separation and the reason for such separation, and the amount and type of any pension received
  - When required to be disclosed by another law, when disclosure is essential to the performance of official duties of a person duly authorized by this State or the US, or when authorized by an individual in interest
  - Data contained in information which disclose conformity with specific experiential, educational or medical qualifications required for government employment or for receipt of a public pension, but not including any detailed medical or psychological information **N.J.S.A. 47:1A-10**

N.J.S.A. 47:1A-1

☐ "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

Burnett v. County of Bergen, 198 N.J. 408 (2009). Without ambiguity, the court held that the privacy provision "is neither a preface nor a preamble." Rather, "the very language expressed in the privacy clause reveals its substantive nature; it does not offer reasons why OPRA was adopted, as preambles typically do; instead, it focuses on the law's implementation." "Specifically, it imposes an obligation on public agencies to protect against disclosure of personal information which would run contrary to reasonable privacy interests."

Executive Order No. 21 (McGreevey 2002)

- Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.
- Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

- Certain records maintained by the Office of the Governor
- Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing
- Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments
- Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation
- Information in a personal income or other tax return
- Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed
- Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing
- Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.

(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

REQUEST FOR RECORDS UNDER THE COMMON LAW

If, in addition to requesting records under OPRA, you are also requesting the government records under the common law, please check the box below.

A public record under the common law is one required by law to be kept, or necessary to be kept in the discharge of a duty imposed by law, or directed by law to serve as a memorial and evidence of something written, said, or done, or a written memorial made by a public officer authorized to perform that function, or a writing filed in a public office. The elements essential to constitute a public record are that it be a written memorial, that it be made by a public officer, and that the officer be authorized by law to make it.

☐ Yes, I am also requesting the documents under common law.

If the information requested is a "public record" under common law and the requestor has a legally recognized interest in the subject matter contained in the material, then the material must be disclosed if the individual's right of access outweighs the State's interest in preventing disclosure.

Please set forth your interest in the subject matter contained in the requested material:

_____

_____

_____

Note that any challenge to a denial of a request for records under the common law cannot be made to the Government Records Council, as the Government Records Council only has jurisdiction to adjudicate challenges to denials of OPRA requests. A challenge to the denial of access under the common law can be made by filing an action in Superior Court.

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.

2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the ***Name of Agency***, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.

3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.

4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the ***Name of Agency***.

5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***Name of Agency*** custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of $5.00 require a deposit of 100% of estimated fees.

6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, **and** who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.

7. By law, the ***Name of Agency*** must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.

8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.

9. If the ***Name of Agency*** is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form or other written correspondence and send you a signed and dated copy.

10. Except as otherwise provided by law or by agreement with the requester, if the agency custodian of records fails to respond to you within seven (7) business days of receiving a request, the failure to respond is a deemed denial of your request.

11. If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the ***Name of Agency*** to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at *grc@dca.state.nj.us*, or at their web site at *www.state.nj.us/grc*. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

Important Notice

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

Requestor Information – Please Print

First Name Amanda MI N Last Name Hoover

E-mail Address ahoover@njadvancemedia.com

Mailing Address 161 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone 609-879-2381 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 [signature] 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 many dollars were spent on beach tags in the city during the 2016 season. Response via email with the amount is preferred

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, outline 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 Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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 **Veronica** MI _____ Last Name **Hartman**

E-mail Address **tax@actiontitleresearch.com**

Mailing Address **PO Box 1734**

City **Rutherford** State **NJ** Zip **07070**

Telephone **201-781-1833** FAX _____

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

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

Signature **Veronica Hartman** Date **11/21/2017**

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.

We request a copy of the "Tax Search Export" (**0509txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

Important Notice

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Requestor Information – Please Print

First Name **Veronica** MI _____ Last Name **Hartman**

E-mail Address tax@actiontitleresearch.com

Mailing Address **PO Box 1734**

City **Rutherford** State **NJ** Zip **07070**

Telephone **201-781-1833** FAX _____

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

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

Signature **Veronica Hartman** Date **11/21/2017**

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

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Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 11/21/2017

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.

We request a copy of the "Tax Search Export" (**0509txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

RECEIVED
SEP 15 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

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 Judy MI A Last Name Jordan

E-mail Address judy@jvosinc.com

Mailing Address 7309 Landis Ave - FL2

City Sea Isle City State NJ Zip 08243

Telephone 609-263-0790 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 Judith A Jordan Date 9/15/2017

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 copy of all Sea Isle City taxpayer addresses in electronic format (csv, txt, or excel).
This list will be used to send the annual free SICTA Newsletter to all.

Please call me when ready for pick up 609-263-0790. Feel free to contact me if necessary. Thank you.

Called Left Mess. 9/19/17

$1.50

Gave to assessor 9/15/17

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 9/19/17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 1.50

Records Provided

Picked up 9/21/17

Custodian Signature

Date 9/26/17

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 11/21/2017

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.

We request a copy of the "Tax Search Export" (**0509txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

RECEIVED
SEP 27 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

Important Notice

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

Requestor Information – Please Print

First Name Jenna MI M Last Name Ramos

E-mail Address Shutterstoshades@comcast.net

Mailing Address 3033 Dune Dr

City Avalon State NJ Zip 08202

Telephone _____ 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 Date 9/27/17

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 Cons/ Demolition permits from 4/1/17 - today.

Thank You!

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 9/28/17
Total Pages ____

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

Records Provided
E-Mailed 9/28/17 →

CG
Custodian Signature

9/28/17
Date

Cindy Griffith

From: Henry Savelli [cblanding@smartprocure.us]
Sent: Thursday, September 28, 2017 3:48 PM
To: Cindy Griffith
Subject: SmartProcure OPRA Request City of Sea Isle City For PO/Vendor Information
Attachments: Henry Savelli License.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Dear Cindy Griffith or Custodian of Public Records,

Mr. Henry Savelli is submitting an OPRA request to the City of Sea Isle City for any and all purchasing records from 02/16/2017 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

he reports from Edmunds & Associates that can be used to fulfill the request are the "Purchase Order Listing by P.O. Number (Please ensure Format: Detail with Line Item Notes is included) as well as the "Vendor Listing by Vendor Id" report.

Please email the information to hsavelli@smartprocure.us

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions please contact my assistant Curtis Blanding at 954-637-0742.

Best Regards,

Henry Savelli
60 Wendell Place
Clark, NJ 07068

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 Bridget MI A Last Name Sykes

E-mail Address bsykes@foxrothschild.com

Mailing Address c/o Fox Rothschild LLP 1301 Atlantic Avenue, Suite 400

City Atlantic City State NJ Zip 08401

Telephone 609-572-2257 FAX 609-348-6834

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 Bridget Sykes Date 8-10-17

Payment Information

Maximum Authorization Cost $ 50.00

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.

For the property located at 39 82nd Street and designated as Lot 150 of Block 81.01, the following records for the time period of January 1, 2012 to the present:

1. All applications for building permits;
2. All denials of building permits;
3. All issued building permits;
4. All plans and drawings submitted to the construction and zoning offices, including engineering plans, architectural plans, construction drawings, and surveys;
5. Any communication between the construction official, any sub-code official, or the zoning officer and any third party relating to the construction of the property; and
6. All inspection reports and notices of violation.

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

_____ Custodian Signature

_____ Date

RECEIVED

AUG 10 2017

CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 Bridget MI A Last Name Sykes

E-mail Address bsykes@foxrothschild.com

Mailing Address c/o Fox Rothschild LLP 1301 Atlantic Avenue, Suite 400

City Atlantic City State NJ Zip 08401

Telephone 609-572-2257 FAX 609-348-6834

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 Bridget Sykes Date 8-10-17

Payment Information

Maximum Authorization Cost $50.00

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.

For the property located at 39 82nd Street and designated as Lot 150 of Block 81.01, the following records for the time period of January 1, 2012 to the present:

Emailed to Neil 8/10/17

1. All applications for building permits;
2. All denials of building permits;
3. All issued building permits;
4. All plans and drawings submitted to the construction and zoning offices, including engineering plans, architectural plans, construction drawings, and surveys;
5. Any communication between the construction official, any sub-code official, or the zoning officer and any third party relating to the construction of the property; and
6. All inspection reports and notices of violation.

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

Custodian Signature _____ Date _____

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 Bridget MI A Last Name Sykes

E-mail Address bsykes@foxrothschild.com

Mailing Address 1301 Atlantic Avenue, Suite 400

City Atlantic City State NJ Zip 08401

Telephone 609-572-2257 FAX 609-348-6834

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 Bridget A. Sykes Date 10-4-17

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.

A copy of Resolution No. 184, adopted September 27, 2016.

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

Custodian Signature ____ Date ____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 11/21/2017

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.

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Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

Completed 10/13/17

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Terri Koon — Date: 10/12/2017

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ – STANDARD
.07¢ – LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 118 68th street, Sea Isle City, NJ

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature — Date

CONSTRUCTION OFFICE

OCT 12 2017

RECEIVED

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Terri Kean — Date: 10/12/2017

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ -STANDARD
.07¢ -LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 118 68th street, Sea Isle City, NJ

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature | Date

RECEIVED
NOV 13 2017
CITY CLERK
CITY OF SEA ISLE

To Const.

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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	Terri Kaan	Date	10/18/2017

Payment Information

Maximum Authorization Cost $	
Select Payment Method	
Cash / Check / Money Order	
Fees:	COST PER SHEET .05¢ – STANDARD .07¢ – LEGAL
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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 17 50TH STREET, SIC, NJ (JULIA PLAZA CONDO ASSN)

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

E-Mailed (over →)

Custodian Signature: JG Date: 11/13/17

To Construction 1 Holly Drive

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

RECEIVED
OCT 16 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller
Company	Thomas H. Heist Ins. Agency				
Mailing Address	700 West Ave.				
City	Ocean City	State	NJ	Zip	08226
Email	miller@heistinsurance.com				
Business Hours Telephone:	Area Code 609	Number	736-7227	Extension	
Preferred Delivery:	Pick Up	US Mail		On Site Inspect	

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: Terri Koon Date: 10/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ – STANDARD
.07¢ – LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 17 50TH STREET, SIC, NJ (JULIA PLAZA CONDO ASSN)

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

E-Mailed 10/18/17

Custodian Signature: CG Date:

RECEIVED
NOV 02 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

C-Constructs

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Terri Kean Date: 10/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ – STANDARD
.07¢ – LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 17 50TH STREET, SIC, NJ (JULIA PLAZA CONDO ASSN)

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature | Date

RECEIVED

NOV 02 2017

C- Construction

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller		
Company	Thomas H. Heist Ins. Agency						
Mailing Address	700 West Ave.						
City	Ocean City	State	NJ	Zip	08226	Email	miller@heistinsurance.com
Business Hours Telephone:	Area Code	609	Number	736-7227	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Terri Kean Date: 10/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash | Check | Money Order

Fees:	COST PER SHEET .05¢ – STANDARD .07¢ – LEGAL
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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 11 50th Street, SIC, NJ Isle Shore Condominium

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature | Date

RECEIVED
OCT 20 2017

C-Construction

City of Sea Isle City

4416 LANDIS AVENUE
SEA ISLE CITY, NEW JERSEY 08243
609-263-4461
FAX 609-263-6139

CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Ellen	MI	M	Last Name	Miller
Company	Thomas H. Heist Ins. Agency				
Mailing Address	700 West Ave.				
City	Ocean City	State	NJ	Zip	08226
Email	miller@heistinsurance.com				
Business Hours Telephone:	Area Code 609	Number	736-7227	Extension	
Preferred Delivery:	Pick Up	US Mail		On Site Inspect	

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: Terri Kean Date: 10/20/2017

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash | Check | Money Order

Fees:	COST PER SHEET .05¢ – STANDARD .07¢ – LEGAL
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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello!

Please forward the Elevaction cert for: 11 50th Street, SIC, NJ Isle Shore Condominium

Please email to me at: miller@heistinsurance.com

Thank you!!

AGENCY USE ONLY

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

CITY USE ONLY

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

AGENCY USE ONLY

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

Records Provided

E-Mailed 10/20/17

Custodian Signature: [signature] Date: 10/20/17

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 Anthony MI Last Name Morgano, Esq.

E-mail Address tmorganc@levinestaller.com

Mailing Address 3030 Atlantic Avenue

City Atlantic City State NJ Zip 08401

Telephone (609) 348-1300 FAX (609) 347-1166

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 10/03/2017

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.

1. Any and all information on any and all jitney licenses issued to and/or held by Luisito DiMacale for the period January 2015 through the present date. Please also include any jitney license forfeited by Luisto DiMacale from January 2015 to the present date, as well as information related to any and all transactions in connection with the purchase, transfer or sale of any jitney to and/or from Luisito DiMacale for the same period to any individual.

2. Any and all information on any and all jitney licenses issued to and/or held by Thomas Woodruff for the period January 2015 through the present date. Include any jitney license forfeited by Thomas Woodruff from January 2015 to the present date, as well as information related to any and all transactions in connection with the purchase, transfer or sale of any jitney to and/or from Thomas Woodruff for the same period to any individual.

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

Completed & emailed

Custodian Signature _____ Date 10/4/17

C - Construction

City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR
233 JOHN F. KENNEDY BLVD.
SEA ISLE CITY, NJ 08243
609-263-4461
609-263-2142

RECEIVED
OCT - 3 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name	Jenn	MI	L	Last Name	Fuson		
Company	Accredited Home Elevator Company						
Mailing Address	127 S. Main Street						
City	Bargenat	State	NJ	Zip	08005	Email	jcarroll@accelevator.com
Business Hours Telephone:	Area Code	609	Number	660-8000	Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect		

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: Jenn Fuson Date: 10/2/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method: Cash | Check | Money Order

Fees: COST PER SHEET
.05¢ – STANDARD
.07¢ – LEGAL

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. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting a list, or copies, of demolition permits & house raising permits issued from July 1, 2017 through October 1, 2017.

This can be emailed or faxed (609-660-8336).

Thank you very much! Jenn

AGENCY USE ONLY

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

CITY 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
Filed	-	Closed
Partial	-	Closed

AGENCY USE ONLY

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

Records Provided

Custodian Signature | Date

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

Gave to CO 10/4/17

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 Mamie MI ____ Last Name Niederhofer

E-mail Address mniederhofer@watersedgellc.com

Mailing Address PO Box 116

City Ocean City State NJ Zip 08226

Telephone 609-249-3744 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 Mamie Niederhofer Date 10-3-17

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.

New Jersey Department of Environmental Protection Permits and Permit Plans, Bulkhead, docks and piers construction permits and construction plans from the City of Sea Isle City Construction Office for:
5812 Sounds Avenue
Sea Isle City, Cape May County
Block 58.05, Lot 2

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

Custodian Signature ____ Date ____

RECEIVED
OCT 13 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 ____ Last Name Burns

E-mail Address mburns102@gmail.com

Mailing Address 1202 Tilton Road, Suite 1

City Northfield State NJ Zip 08225

Telephone (609) 272-1234 FAX (609) 272-8895

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X 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 10-11-2017

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.

A complete copy of the entire file for, and any and all documents and information related to, Tax Sale Certificate No. 99-14 in connection with the property located at **4420 Venicean Road, Sea Isle City (Block 44.05 Lot Nos. 121, 122, 123 and 124.01)** including, but not limited to, correspondence to and from the tax lien holder(s) and/or its attorney(s) including Keith Bonchi, Esq., correspondence to and from the property owner(s), correspondence to and from any third-party investors and/or third-parties that attempted to redeem said tax sale certificate, redemption worksheets, redemption payments, cancelled tax sale certificates, and/or court orders.

ok till Monday. 10/23
Per Michael Burns.
SR 10/16/17 @ 12:53

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

Custodian Signature ____ Date ____

Completed 10/24/17

Cindy Griffith

From: Larry Higgins [opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 4:48 PM
To: Cindy Griffith; Shannon Romano
Subject: OPRA Request (0509.CAPE MAY_SEA ISLE CITY CITY)
Attachments: 0509.CAPE MAY_SEA ISLE CITY CITY.pdf

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

3.a) What is the Engineers Company Name, Email, and Phone Number?

NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

Complete the OPRA Request

by answering the information below

Step 1.) Please select your County and Municipality :

County Cape May Municipality

Sea Isle City

Tax Map Data

Date the tax map(s) were last modified/updated: 2014-11-18

The approximate date to check back for newer/updated tax maps:

10.7 MB	**11** MB	**8.9** MB	**10.2** MB
SIC Tax Ma...	SIC Tax Ma...	SIC Tax Ma...	SIC Tax Ma...
10.4 MB	**8.4** MB		
SIC Tax Ma...	SIC Tax Ma...		

Zoning Map Data

Date the zoning map(s) was last modified/updated: 2010-05-12

The approximate date to check back for newer/updated zoning map(s):

5.8 MB	**5.7** MB	**6.6** MB	**5.3** MB
SIC zoning...	SIC zoning...	SIC zoning...	SIC zoning...

Who's the Engineer?
(https://www.stateinfoservices.com)
Email: apreviti@maserconsulting.com
Phone: (609) 390-1927

Leave additional information

The check back date for the tax map and zoning map is unknown

Submit Data & Form

Note: If you have any questions, please email OPRA@NJPropertyRecords.com (mailto:OPRA@NJPropertyRecords.com) - Phone calls will not be accepted.

Our Mission

This site is created and maintained with the primary intention of assisting government officials, real estate professionals, engineering companies and other agencies in obtaining convenient and simplified access to New Jersey property records covered by the Open Public Records Act in New Jersey.

It is important to note that the access charges required for this web site service are necessary to cover the expenses related to staff, hardware and software which are utilized to provide this service capability via the Internet. Provisioning for this service is not funded by any government entity, nor is this capability a requirement of the Open Public Records Act.

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

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 P 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 Justin Flood 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.

Beach tag sales statistics from Current-2007 (or as far back as is available)

AND

Parking Statistics from Current-2007 (or as far back as is available)

Requesting the information via email in Excel or PDF format.

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

E-Mailed 10/26/17

CS 10/26/17

Custodian Signature Date

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.
2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the ***Name of Agency***, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.
3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the ***Name of Agency***.
5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***Name of Agency*** custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of $5.00 require a deposit of 100% of estimated fees.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, **and** who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.
7. By law, the ***Name of Agency*** must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the ***Name of Agency*** is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form or other written correspondence and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the agency custodian of records fails to respond to you within seven (7) business days of receiving a request, the failure to respond is a deemed denial of your request.
11. If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the ***Name of Agency*** to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at *grc@dca.state.nj.us*, or at their web site at *www.state.nj.us/grc*. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0509 Sea Isle City Cape May

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 11/21/2017

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.

We request a copy of the "Tax Search Export" (**0509txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

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 SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

Important Notice

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Requestor Information – Please Print

First Name Sara MI R Last Name Szymborski

E-mail Address sara@primelaw.com

Mailing Address 14000 Horizon Way, Suite 325

City Mount Laurel State NJ Zip 08054

Telephone (856) 273-8300 FAX (856) 273-8383

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

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

Signature [signature] Date 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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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 resolutions memorialized by either the City's Planning Board or Zoning Board of Adjustment as it relates to the property located at 3800 Landis Avenue (Wawa), together with copies of all review letters of the Board(s) Professionals.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
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

No Records Exist e-mailed response →

[signature] 11/17/17
Custodian Signature Date

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C. Reese
N. Byrne

RECEIVED
NOV 02 2017
CITY CLERK'S OFFICE
CITY OF SEA ISLE CITY

CITY OF SEA ISLE CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

233 John F. Kennedy Blvd.
Sea Isle City, NJ
(609) 263-4461 Ext 1200 Phone
(609) 263-6139 Fax

Important Notice

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Requestor Information – Please Print

First Name William MI ____ Last Name Snyder

E-mail Address WSnyDER@northeastcarpenters.org

Mailing Address 1803 Spring Garden St

City Phila State PA Zip 19130

Telephone 609 402-2149 FAX ____

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

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

Signature [signature] Date 10/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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I am requesting any & all documents including certified payrolls for the following project.

38th St Promenade Bulkhead

Project # SIC154

inspector daily reports

+ Certified payrolls.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____