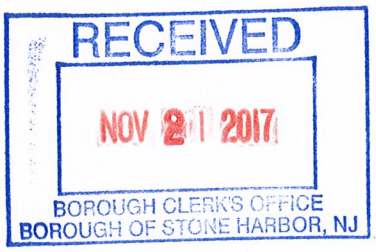
2017-121

Carrie Bosacco

From: Suzanne Stanford
Sent: Tuesday, November 21, 2017 8:30 AM
To: Carrie Bosacco
Subject: FW: Open Public Records Act request - OPRA Requests



-----Original Message-----
From: ASK NJ Media Co. [mailto:opra+request-295-3663be63@requests.opramachine.com]
Sent: Monday, November 20, 2017 6:29 PM
To: Suzanne Stanford <StanfordS@shnj.org>
Subject: Open Public Records Act request - OPRA Requests

Dear Stone Harbor Borough,

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-295-3663be63@requests.opramachine.com

Is stanfords@shnj.org the wrong address for Open Public Records Act requests to Stone Harbor Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=stone_harbor_borough

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

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

2017-70

State of New Jersey
BOROUGH OF STONE HARBOR
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 DAVID MI E Last Name HOLST
Company 215 STUDIOS
Mailing Address 701 WEST AVE, SUITE 301
City OCEAN CITY State NJ Zip 08226 Email dholst@215studios.com
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension
Preferred Delivery: Pick Up ____ US Mail X 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 [signature] Date 8/2/2017

Payment Information

Maximum Authorization Cost $ 10
Select Payment Method
Cash ___ Check X Money Order ___
Fees: Letter Size @$0.05
Legal Size @$0.07
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I AM SEEKING COPIES OF ANY VARIANCE RESOLUTION FOR THE PROPERTY LOCATED AT 250 111TH STREET (BLOCK 110.03, LOT 77.01)

Inspection

emailed 8/2/17 Res. 807-2013

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 # 2017-70
Rec'd Date 8/2/17
Ready Date 8/2/17
Total Pages 4

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

Records Provided

[signature] 8/2/17
Custodian Signature Date

2017-71
cc: Jim

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
STONE HARBOR BORO
908 Second Ave
Stone Harbor, NJ 08247

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

2017-74

State of New Jersey
BOROUGH OF STONE HARBOR
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 Paul MI ____ Last Name Hughes
Company ReMax at the Shore
Mailing Address 551 Bekley Road
City Stone Harbor State NJ Zip 08247 Email paulhughesrealestate@gmail.com
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____
Preferred Delivery: Pick Up X 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 Paul J [illegible] Date 8-7-17

Payment Information

Maximum Authorization Cost $ ____
Select Payment Method
Cash ___ Check ___ Money Order ___
Fees: Letter Size @$0.05; Legal Size @$0.07
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Original constrcution plans from approximately 1974-75

built 1974

Bl: 200.01
Lot: 439

RECEIVED
AUG 07 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

8/8/17 @ 9:20 am
Emailed Realtor
Nothing on this House

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 # 2017-74
Rec'd Date 8/7/17
Ready Date 8/9/17
Total Pages ____

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

Records Provided

C. Bosco
Custodian Signature

8/9/17
Date

Le17-75
received 8/7/17
C. Bosacco
emailed

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, August 07, 2017 8:49 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 8/7/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Sunday, August 06, 2017 7:44 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/7/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-74

State of New Jersey
BOROUGH OF STONE HARBOR
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 Elizabeth MI ____ Last Name Dalbeth

Company Sweeney & Sheehan

Mailing Address Sentry Office Plaza, 216 Haddon Avenue, Suite 500

City Westmont State NJ Zip 08108 Email elizabeth.dalbeth@sweeneyfirm.com

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Elizabeth Dalbeth Date 8/8/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

See attached

$1.00 disc - emailed 8/10/17 (pd 8/14/17)
mailed disc 8/14/17

RECEIVED
AUG 10 2017
BOROUGH CLERK
BOROUGH OF STONE HARBOR, NJ

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 # 2017-74
Rec'd Date 8/10/17
Ready Date 8/14/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C. Bocucci
Custodian Signature

8/14/17
Date

DOCUMENTS REQUESTED-STONE HARBOR

A complete copy of your entire job file relating to the dredging project at the Borough of Stone Harbor from 1/1/13 to the present, including but not limited to engineering and design specifications, plans and drawings; bid and request for proposal documents; testing documents, including water and sediment tests; correspondence in any form, including electronic transmissions, between the Borough of Stone Harbor and Sevenson, the Borough of Stone Harbor and COWI, the Borough of Stone Harbor and NJDEP, and the Borough of Stone Harbor and WaterSolve, LLC; all documents and correspondence in any form regarding permits; all documents and correspondence in any form regarding work stoppages; all documents regarding violations or citations involving the project; all documents regarding estimates, proposals, invoices and proof of payment to Sevenson and WaterSolve, LLC; all documents in any form regarding the termination of any contractor or subcontractor on the project.

2017-77

cc: PD

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 [redacted] FAX [redacted]

Preferred Delivery: Pick Up_____ US Mail_____ On-Site Inspect_____ Fax_____ E-mail ✓

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

Signature James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

RECEIVED
AUG 10 2017
BOROUGH CLERK'S OFFICE
BOROUGH OF STONE HARBOR, NJ

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 # 2017-77
Rec'd Date 8/10/17
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
see attached email

Custodian Signature _____ 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 records 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

2017-78
received 8/14/17
emailed
C. Bosacco

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, August 14, 2017 9:03 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 8/14/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, August 14, 2017 7:52 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/14/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-79
cc: tax

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date ____

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 # 2017-79
Rec'd Date 8/15/17
Ready Date 8/23/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

C Bracco
Custodian Signature

8/23/17
Date

2017-80
cc: Const.

State of New Jersey
BOROUGH OF STONE HARBOR
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 CHARLES MI J Last Name FASANO

Company

Mailing Address 521 MAPLE AVENUE

City ~~DOYLESTOWN~~ DOYLESTOWN State PA Zip 18901 Email CFASANO@MAC.COM

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Building permit for
139 94th street
Stone Harbor NJ
08247

RECEIVED
AUG 15 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

see attached

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-80
Rec'd Date 8/15/17
Ready Date 8/16/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C. Rocco 8/16/17
Custodian Signature Date

2017-81
CC: CFO

State of New Jersey
BOROUGH OF STONE HARBOR
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 Amanda MI N Last Name Hoover

Company NJ Advance Media

Mailing Address 1601 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062 Email ahoover@njadvancemedia.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ (email preferred)

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

Signature Amanda Hoover Date 8/15/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash ____ Check ✓ Money Order ____

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like record of how much the borough brought in selling beach tags during the 2016 season. Response via email with dollar 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, detail reasons here.

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-81
Rec'd Date 8/16/17
Ready Date 8/17/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

C. Bozzo Custodian Signature 8/17/17 Date

2017-82
H20

C. Bosacco emailed 8/21/17

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, August 21, 2017 8:43 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 8/21/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Sunday, August 20, 2017 8:23 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/21/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-83
received 8/28/
C. Bosacco
emailed

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, August 28, 2017 8:54 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 8/28/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Sunday, August 27, 2017 11:09 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/28/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-84
9/5/17

Carrie Bosacco

emailed
C. Bosacco

From: Suzanne Stanford
Sent: Tuesday, September 05, 2017 9:53 AM
To: Deborah Candelore; Carrie Bosacco
Subject: FW: 9/5/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Tuesday, September 05, 2017 9:01 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/5/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-85
C. Bosacco
Received 9/11/17
emailed

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, September 11, 2017 8:37 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 9/11/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, September 11, 2017 7:51 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/11/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-86
Cc: Const.

RECEIVED
SEP 11 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

State of New Jersey
BOROUGH OF STONE HARBOR
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 JOHN MI P. Last Name HIGGINS

Company UNIT OWNER GOLDEN SHORES CONDO ASSOC.

Mailing Address 8001 2ND AVE UNIT #317

City STONE HARBOR State N.J. Zip 08247 Email JHIGGINS303@GMAIL

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

IN LIGHT OF THE PAST HISTORY OF UNIT OWNERS AT GOLDEN SHORES INSTALLING WASHERS AND DRYERS IN THEIR INDIVIDUAL UNITS WITHOUT APPROVED PERMITS (PLEASE SEE ENCLOSED COPIES DATED 5/2013 AND 6/2013, I AM REQUESTING COPIES OF APPROVED ELECTRICAL AND PLUMBING PERMITS RELATED TO ANY WASHER AND DRYER INSTALLATION IN ANY UNITS AT GOLDEN SHORES FROM JUNE 2016 TO SEPT 2017. 13:80.03/71

17-12325 - CASPER #208 | 14-11124 BARDIERI #107
17-12163 - BERZOFSKY #408 | 14-11042 MCMANUS WASH | # 111

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.

emailed
9-12-17
@ 10:10 AM
SMD

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-86
Rec'd Date 9/11/17
Ready Date 9/12/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

C. Bracco
Custodian Signature

9/12/17
Date

2017-87
cc: Const.

State of New Jersey
BOROUGH OF STONE HARBOR
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 J. Craig MI ____ Last Name Otton

Company ____

Mailing Address 10203 Sunrise Dr.

City Stone Harbor State NJ Zip 08247 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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

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

Signature [signature] Date 9/12/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

View permit #

17-1283

RECEIVED
SEP 12 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-87
Rec'd Date 9/12/17
Ready Date 9/12/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature

9/12/17 Date

2017-88
cc: Const.

State of New Jersey
BOROUGH OF STONE HARBOR
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 Jenna MI M Last Name Ramos
Company Allison Valtri Interiors
Mailing Address 3033 Dune Drive.
City Avalon State NJ Zip 08202 Email Shutterstoshades@comcast.net
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____
Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Vemail Please

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

Signature [signature] Date 9/12/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All open New Construction / Demolition Permits from 4/1/17 - today 9/12/17

RECEIVED
SEP 12 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

Please Email: Shutterstoshades@comcast.net.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

emailed
9/12/17
1:20 PM SMB

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

AGENCY USE ONLY

Tracking Information
Tracking # 2017-88
Rec'd Date 9/12/17
Ready Date 9/12/17
Total Pages ____

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

Records Provided

C. Tocco
Custodian Signature

9/12/17
Date

State of New Jersey

BOROUGH OF STONE HARBOR

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 William MI ____ Last Name DeLanzo

Company Stone Harbor Yoga

Mailing Address 95 Westwood Drive

City Cmcht State NJ Zip 0821[illegible] Email Stoneharboryoga.com

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date 9/13/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Engineers Comments from zoning meeting on Nov 2016

RECEIVED
SEP 13 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-89
Rec'd Date 9/13/17
Ready Date 9/13/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

C. Bocco
Custodian Signature

9/13/17
Date

2017-90
received 9/25/17
mailed 9/25/17
C. Bosacco

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, September 25, 2017 8:48 AM
To: Deborah Candelore; Carrie Bosacco
Subject: FW: 9/25/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, September 25, 2017 8:26 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/25/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

cc: const. 2017-91
received 9/25/17

emailed Completed 10/12/17

Carrie Bosacco

1-1-2000
10-12-2017
C. Bosacco

From: Debbie Scott
Sent: Monday, September 25, 2017 10:09 AM
To: Carrie Bosacco; Carrie Bosacco
Subject: FW: Stone Harbor borough Building Permits - Public Records Request

Carrie:

Received this request this morning. I am not sure if this is something you would handle or if it should be sent to Sue Brown in construction.

Deb

From: michelle@datarole.com [michelle@datarole.com]
Sent: Monday, September 25, 2017 9:02 AM
To: Debbie Scott
Subject: Stone Harbor borough Building Permits - Public Records Request

Dear Deborah Scott,

NJ.8247.10718

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for **all** building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

RECEIVED
SEP 25 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

State of New Jersey

BOROUGH OF STONE HARBOR

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 Marnie MI _____ Last Name Niederhofer

Company Water's Edge Environmental, LLC

Mailing Address PO Box 118

City Ocean City State NJ Zip 08226 Email mniederhofer@watersedgellc.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension _____

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

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 Marnie Niederhofer Date 9-25-17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

New Jersey Department of Environmental Protection Permits and Permit Plans, Stone Harbor bulkhead construction plans and permits for:
10522 Golden Gate Road
Block 201, Lots 84 & 85
Stone Harbor, Cape May County

10-8206 1963 Built
13-10520
200-4764

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 # 2017-92
Rec'd Date 9/26/17
Ready Date 9/27/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Emailed

C Bosco 9/27/17
Custodian Signature Date

2017-93

State of New Jersey
BOROUGH OF STONE HARBOR
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 Marnie MI ____ Last Name Niederhofer

Company Water's Edge Environmental, LLC

Mailing Address PO Box 118

City Ocean City State NJ Zip 08226 Email mniederhofer@watersedgellc.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up x US Mail ____ On Site Inspect x

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 Marnie Niederhofer Date 9-25-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

New Jersey Department of Environmental Protection Permits and Permit Plans, Stone Harbor Bulkhead Construction Permits and Permit Plans for:
11821 Paradise Drive
Block 209, Lots 19 & 20
Borough of Stone Harbor, Cape May County

06-5066
98-3228 6 =30-

Came in to view Records

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 # 2017-93
Rec'd Date 9/26/17
Ready Date 10/4/17
Total Pages ____

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

Records Provided

C. Bacco 10/4/17
Custodian Signature Date

State of New Jersey

BOROUGH OF STONE HARBOR

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 Jean MI B Last Name Greaves

Company

Mailing Address 434 104th St.

City SH State NJ Zip 08247 Email momoo79@hotmail.com

Business Hours Telephone: Area Code _____ Number _____ 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 Jean B. Greaves Date 9/26/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

10006 Concerning S.
"Resolution" Zoning

momoo79@hotmail.com

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 # 2017-94
Rec'd Date 9/26/17
Ready Date 9/26/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed

Custodian Signature

9/26/17
Date

2017-95
CC: Cons 609-368-2611

State of New Jersey
BOROUGH OF STONE HARBOR
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 Jenna MI M Last Name Ramos
Company AVI INC.
Mailing Address 3033 Dune Dr
City Avalon State NJ Zip 08202 Email Shutterstostrades@comcast.net
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date 9/27/17

Payment Information

Maximum Authorization Cost $ _____
Select Payment Method
Cash __ Check __ Money Order __
Fees: Letter Size @$0.05
Legal Size @$0.07
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting ALL open New construction & 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 # 2017-95
Rec'd Date 9/27/17
Ready Date 9/27/17
Total Pages _____

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

Records Provided
emailed
C. Bracco 9/27/17
Custodian Signature Date

2017-96

State of New Jersey
BOROUGH OF STONE HARBOR
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 PATRICIA MI ____ Last Name DiMARCO

Company COLDWELL BANKER

Mailing Address 9696 SECOND AVE

City STONE HARBOR State NJ Zip 08247 Email PKD@STONEHARBOR.com

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Patricia K DiMarco Date 9/29/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Building and/or Construction permits for
10918 Third Ave, Stone Harbor –

91-0057
92-027
93-0554
94-0875
95-1648
97-2679

Flippin
00-4377
06-7825
08-8965
Bl. 109.03 Lot 79.01

emailed 10/10/17 SAM

RECEIVED
SEP 29 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-96
Rec'd Date 9/29/17
Ready Date 10/10/17
Total Pages ____

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

Records Provided
See attached

C. DiMarco Custodian Signature 10/10/17 Date

(OOI-308-2019

2017-97

State of New Jersey
BOROUGH OF STONE HARBOR
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 John MI J Last Name Calabrese

Company GFY of Collier County 1, LLC

Mailing Address 134 W Main St

City Leola State PA Zip 17540 Email black.bobbijo@gmail.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 60

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 _____ Date 9/29/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please email over the memorialize Resolution #348-2016 for GFY of Collier County 1, LLC.

BLACK.BOBBIJO@GMAIL.COM

Thank you
John Calabrese

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 # 2017-97
Rec'd Date 9/29/17
Ready Date 9/29/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

C Bacco
Custodian Signature

9/29/17
Date

2017-98
received 10/2/17
Completed 10/2/17
C Bosacco

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, October 02, 2017 8:38 AM
To: Deborah Candelore; Carrie Bosacco
Subject: FW: 10/2/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 02, 2017 7:38 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/2/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-99

State of New Jersey
BOROUGH OF STONE HARBOR
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 DANIEL MI J. Last Name Sherry

Company

Mailing Address 725 Governor Circle

City Newtown Sq. State PA Zip 19073 Email djsherry@mdwcg.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

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

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

Signature [signature] Date 10/4/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Resolution 860-2017, pertaining to the application of the Yacht Club of Stone Harbor.

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 # 2017-99
Rec'd Date 10/4/17
Ready Date 10/4/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed

[signature] 10/4/17
Custodian Signature Date

2017-100
w/Card.

State of New Jersey
BOROUGH OF STONE HARBOR
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 Andrew MI ____ Last Name Sherman

Company Sound Advice & Video, LLC.

Mailing Address 336 96th Street

City Stone Harbor State NJ Zip 08247 Email andrew@visitsoundadvice.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ Email ____

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 Andrew Sherman Date 10/3/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All New Construction/Building Permits Dated ~~Aug~~ May 1st 2017 until Current

emailed 10/10/17

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 # 2017-100
Rec'd Date 10/5/17
Ready Date 10/10/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C. Bacco
Custodian Signature

10/10/17
Date

2017-101

10-05-'17 12:30 FROM- Boro of Stone Harbor 609-368-2619 T-982 P0002/0002 F-432

State of New Jersey

BOROUGH OF STONE HARBOR
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 Adrienne MI C Last Name Levine

Company Altec Building Systems Corp.

Mailing Address 904 Atlantic Avenue

City Pt. Pleasant State NJ Zip 08742 Email info@altecbuildingsystems.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail XX On Site Inspect ____ FAX

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 Adrienne C Levine Date 10/5/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ✓ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Copy

Last 2 bid abstract results for Police Building Expansion

Please call me Thank you

faxed 10/6/17
Scanned/emailed

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 # 2017-101
Req'd Date 10/5/17
Ready Date 10/6/17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C Bacco
Custodian Signature

10/6/17
Date

2017-102

RECEIVED
OCT 10 2017
BOROUGH OF STONE HARBOR
TAX ASSESSOR'S OFFICE

State of New Jersey
BOROUGH OF STONE HARBOR
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 Odessa MI ____ Last Name Woolery

Company Courthouse Retrieval System Inc.

Mailing Address 341 Troy Circle

City Knoxville State TN Zip 37919 Email owoolery@crsdata.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 163

Preferred Delivery: Pick Up ____ US Mail X 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 Odessa Woolery Date 10/9/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

An electronic file or report that lists the number of bedrooms and bathrooms for each residential parcel in Borough of Stone Harbor.

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 # 2017-102
Rec'd Date 10/10/17
Ready Date 10/12/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

C Bacco
Custodian Signature

10/12/17
Date

2017-103
10/10/17

Carrie Bosacco

Completed C Bosacco

From: Suzanne Stanford
Sent: Tuesday, October 10, 2017 10:08 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 10/9/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 09, 2017 9:10 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/9/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

State of New Jersey

BOROUGH OF STONE HARBOR

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 Marnie MI ____ Last Name Niederhofer

Company Water's Edge Environmental, LLC

Mailing Address PO Box 118

City Ocean City State NJ Zip 08226 Email mniederhofer@watersedgellc.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail x On Site Inspect x

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 Marnie Niederhofer Date 10-10-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

New Jersey Department of Environmental Protection permits, plans and correspondence, Borough of Stone Harbor Construction permits and plans for dock/piers and bulkhead for:
10042 Corinthian Drive
Block 200.03 Lot 459.02 & 460
Borough of Stone Harbor, CMC

emailed

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 # 2017-104
Rec'd Date 10/10/17
Ready Date 10/17/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C. Bacco
Custodian Signature

10/17/17
Date

2017-105
10/16/17

emailed
C. Bosacco

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, October 16, 2017 8:45 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 10/16/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 16, 2017 7:33 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/16/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

568 - 2619

2017-106
cc: Const.

State of New Jersey
BOROUGH OF STONE HARBOR
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 Jenna MI M Last Name Ramos
Company Avi Inc.
Mailing Address 30333 Dune Dr.
City Avalon State NJ Zip 08202 Email Shutterstoshades@comcast.net
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email
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 Ramos Date

Payment Information

Maximum Authorization Cost $ _____
Select Payment Method
Cash __ Check __ Money Order __
Fees: Letter Size @$0.05
Legal Size @$0.07
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting all open New Construction / Demolition Permits from 4/1/17 - today

emailed 10/18/17

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 # 2017-106
Rec'd Date 10/17/17
Ready Date 10/18/17
Total Pages _____

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

Records Provided

emailed

C. Bocco Custodian Signature 10/18/17 Date

2017-107
received 10/23
C. Bosacco
emailed

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, October 23, 2017 8:47 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 10/23/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 23, 2017 7:20 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/23/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

Emailed RVE 10/23/17

2017-108
cc: RVE

State of New Jersey
BOROUGH OF STONE HARBOR
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 Larry MI _____ Last Name Higgins

Company _____

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

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

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

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

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 # 2017-108
Rec'd Date 10/23/17
Ready Date 10/24/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Emailed see attached

C. Isacco
Custodian Signature

10/30/17
Date

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, October 23, 2017 8:52 AM
To: Carrie Bosacco
Subject: FW: OPRA Request (0510.CAPE MAY_STONE HARBOR BORO)
Attachments: 0510.CAPE MAY_STONE HARBOR BORO.pdf

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 4:49 PM
To: Suzanne Stanford <StanfordS@shnj.org>
Subject: OPRA Request (0510.CAPE MAY_STONE HARBOR BORO)

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

2017-109
CC: Finance

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Justin MI _____ Last Name Flood

E-mail Address ocnjflood@gmail.com

Mailing Address 22 Arkansas Ave

City Ocean City State NJ Zip 08226

Telephone [redacted] FAX _____

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

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

Signature _____ Date 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

-AND-

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

2017-110

State of New Jersey
BOROUGH OF STONE HARBOR
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 JIM MI E Last Name PROKAPUS

Company MJJ CONSTRUCTION

Mailing Address 471 WHITE HORSE PIKE

City ATCO State NJ Zip 08004 Email _____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension _____

Preferred Delivery: Pick Up X 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 _____ Date 10/27/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

A COPY OF BID DOCUMENTS FOR THE 1ST AND 2ND LOW BIDDERS FOR THE SINGLE STORY ADDITION TO THE POLICE STATION, FOR BIDS DUE ON OCTOBER 11TH

-on file

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 # 2017-110
Rec'd Date 10/27/17
Ready Date 11/2/17
Total Pages 10 3/4

Final Cost

Total _____
Deposit _____
Balance Due 5.15
Balance Paid PC

Records Provided

103 x .05 = $5.15

Custodian Signature

11/2/17
Date

2017-111
construction

State of New Jersey
BOROUGH OF STONE HARBOR
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 Dan MI ____ Last Name Bowersock

Company Ferguson Dechert

Mailing Address 2789 Bure Drive

City Stone Harbor State NJ Zip 08202 Email dan@avalonproperties.com

Business Hours Telephone: Area Code ____ Number [redacted] Extension 3108

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____ email to dan

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 Rebecca Bergela Date 10.27.17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Interested in New building / home permits for 2016 - 2017

Emailed 10/30/17 SM Brown

RECEIVED
OCT 27 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-111
Rec'd Date 10/27/17
Ready Date 10/30/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

C. Bocco
Custodian Signature

10/30/17
Date

RECEIVED
OCT 30 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

State of New Jersey
BOROUGH OF STONE HARBOR
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 Lisa MI ____ Last Name Shaffer

Company ____

Mailing Address 3 Shull Farm Road

City Erwinna State Pa Zip 18920 Email lisahezel@yahoo.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail e-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 Lisa Shaffer Date 10/27/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I need copies of all permits for construction on X-12 - Linden Lane Stone Harbor NJ
It is needed to fullfill contractual obligations to purchase the property and is needed to determine the requirements needed to attain a certificate of occupancy.
I spoke with Sue Brown and Michael Koochembere on 10/27/2017 and they stated I needed to fill out this form to attain the permits. I explained to both this is an extremly timi sensitive matter Thank you Lisa Shaffer

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 # 2017-112
Rec'd Date 10/30/17
Ready Date 10/31/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Emailed

C Bocco
Custodian Signature

10/31/17
Date

2017-113
cc: const.

State of New Jersey
BOROUGH OF STONE HARBOR
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 Steve MI ____ Last Name Hunter

Company Tri County Supply

Mailing Address 8 Magnolia

City CMCH State NJ Zip 08210 Email shunter@tcbsi.com

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Steve Hunter Date 11/2/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

List of construction permits submitted for new construction and renovations from ~~June 2017~~ to present.

emailed 11/2/17 SMB

Thank You,

RECEIVED
NOV 02 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-113
Rec'd Date 11/2/17
Ready Date 11/2/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

C Bacco
Custodian Signature

11/2/17
Date

State of New Jersey
BOROUGH OF STONE HARBOR
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 Lisa MI ____ Last Name Shaffer

Company ____

Mailing Address 3 Shull Farm Road

City Erwinna State Pa Zip 18920 Email lisahezel@yahoo.com

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Lisa Shaffer Date 11/03/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 (p4)
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

30¢

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.

We are Requesting copies of all voided permits from DL Miner construction & all other voided permits including 15-11526 for all projects @ 4-12 Linden Lane Stone Harbor Township Block 84.03 Lot 94

6 for 30¢

RECEIVED
NOV 03 2017
BOROUGH OF STONE HARBOR
CONSTRUCTION OFFICE

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 # 2017-114
Rec'd Date 11/3/17
Ready Date 11/3/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 30¢

Records Provided

(p4)

C Bacco
Custodian Signature

11/3/17
Date

2017-115
received 11/6/17
Completed
C. Bosacco
11/6/17

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, November 06, 2017 8:55 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 11/6/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Friday, November 03, 2017 4:18 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/6/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

emailed request to engineer 11/8/17

2017-116
cc: PW

State of New Jersey
BOROUGH OF STONE HARBOR
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 JOSEPH MI ____ Last Name DIAMADI, JR.

Company MARSHALL GEOSCIENCE, INC.

Mailing Address 170 E. FIRST AVENUE

City COLLEGEVILLE State PA Zip 19426 Email MARSHALLGEOSCIENCE@VERIZON.NET

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date NOVEMBER 6, 2017

Payment Information

Maximum Authorization Cost $ 50

Select Payment Method

Cash ____ Check ✓ Money Order ____

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

TO COMPLETE A NJDEP-MANDATED RECEPTOR EVALUATION, WE ARE REQUESTING A COPY OF THE FEBRUARY 2014 PERMIT AND MARCH 2014 WELL RECORD FOR THE WORK PERFORMED ON THE STONE HARBOR BOROUGH WELL NO. 6 (A.K.A THE 223 95TH STREET WELL). RECORDS CAN BE SCANNED AND EMAILED TO US OR SENT VIA U.S. MAIL.

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 # 2017-116
Rec'd Date 11/6/17
Ready Date 11/14/17
Total Pages 4

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

Records Provided

[signature] Custodian Signature

11/17/17 Date

cc. const. 2017-118

State of New Jersey
BOROUGH OF STONE HARBOR
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 ____ Last Name Fuson

Company Accredited Home Elevator

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005 Email jcarroll@accelevator.com

Business Hours Telephone: Area Code 609 Number [redacted] 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 [signature] Date 11/15/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05
Legal Size @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello,

I am requesting a list, or copies of, construction permits issued from August 1, 2017 through November 1, 2017.

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

Thank you very much!
- Jenn

emailed 11/16/17 @ 10:40 AM

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 # 2017-118
Rec'd Date 11/15/17
Ready Date 11/16/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature

11/16/17 Date

2017-119
C. Bosacco
11/16/17

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, November 13, 2017 8:30 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 11/13/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, November 13, 2017 7:39 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/13/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

2017-120
11/20/17

emailed C. Bosacco 11/20/17

Carrie Bosacco

From: Suzanne Stanford
Sent: Monday, November 20, 2017 8:26 AM
To: Carrie Bosacco; Deborah Candelore
Subject: FW: 11/20/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, November 20, 2017 7:48 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/20/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public utility database as kept and maintained by the municipal utilities authority.

This "copy" can be accomplished by sending the "search export" file to Data Trace/Signature Information.

And thank you for your time and consideration concerning this request any questions please contact me.

Michael Newman
Operations Records Manager
Signature Information Solutions
Cell 973-518-0041
Fax: 973-376-4104

Received 11/7/17 2017-117
cc: PD

PROVIDING SERVICES FOR nj.com + Star-Ledger

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

11/07/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY