OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
AUG 16 2017
CLERK'S OFFICE

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 [redacted]

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

BOROUGH OF WEST CAPE MAY

OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, NJ 08204
Phone (609) 884-1005 Fax (609) 898-0888
Record Custodian: Elaine L. Wallace, RMC
ewallace@westcapemay.us

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 Colin MI _____ Last Name Bell

E-mail Address [redacted]

Mailing Address 30 S New York Avenue

City Atlantic City State NJ Zip 08401

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 8/9/17

Payment Information

Maximum Authorization Cost $ 50

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

All inspection reports, permits, applications for permits, photographs and other documents related to 411-413 Broadway in West Cape May in the last year

Audio recording of the July 13, 2017 meeting of the Historical Preservation Commission.

All applications to the Historical Preservation Commission for 411-413 Broadway in the last year.

All electronic mail, memorandums and other communications concerning 411-413 Broadway in West Cape May authorized by or addressed to Pam Kaithern, Peter Burke, or Carol Sabo in the past year.

This request is also made under the common law right of access on behalf of the property owners. Please send all responsive dcouments to the above listed email address.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 09 2017
CLERK'S OFFICE

Custodian Signature _____ Date _____

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Christine MI ____ Last Name Mueller

E-mail Address [redacted]

Mailing Address 128 Yorke ~~West Cape May NJ 08204~~

City West Cape May State NJ Zip 08204

Telephone [redacted] FAX ____

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

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

Signature Christine Mueller Date 9-12-2017

Payment Information

Maximum Authorization Cost $1.00

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of:
Engineer's Report
Applicants Cover Letter for update
Engineer's UPDated Report.

(all for PZB APPH 002-17)
Lukas - 114 Myrtle

Paid
$1.00 Cash
Hand Delivered
9-12-17
TW

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Uprell MI ____ Last Name Hyde

E-mail Address [redacted]

Mailing Address 735 E. Main St.

City Hendersonville State TN Zip 37075

Telephone [redacted] FAX ____

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

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Signature Uprell Hyde Date 9-28-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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Any information on self-storage facilities that have gone through planning, zoning, construction, or expansion in the last 3 months. If applicable, please include name of facility, address, developer, building permit number, construction company, and architect.

RECEIVED
SEP 28 2017
CLERK'S OFFICE

-----Original Message-----
From: "Estevez, Alvin (RIS-HBE)" [redacted]
To: sstocker@westcapemay.us
Cc: "Newman, Michael (RIS-HBE)" [redacted]
Date: 10/02/17 15:42
Subject: Special Assessments

October 2,2017

Dear Municipal Clerk/Records Custodian;

I am contacting you today to inquire if your municipality has any new or upcoming ordinances that would be for water/sewer line extensions, curbing or sidewalk repairs, dam repairs plotting fees... We are looking for anything that would be billed out to the homeowner in the form of a special assessment.

Could you please reply to this email address either to confirm, that you do not have anything or please provide the ordinance number and adoption date of anything new you may have.

Thank you.

Alvin Estevez
Sr Tax Searcher
Signature Information Solutions, LLC
[redacted]
[redacted](phone)
[redacted](fax)

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Odessa MI _____ Last Name Woolery

E-mail Address [redacted]

Mailing Address Courthouse Retrieval System Inc. 341 Troy Circle

City Knoxville State TN Zip 37919

Telephone [redacted] FAX [redacted]

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

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Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Suzanne Stocker

From: [redacted]
Sent: Friday, October 06, 2017 8:22 AM
To: sstocker@westcapemay.us
Subject: SmartProcure OPRA Request Borough of West Cape May For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Suzanne or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Borough of West Cape May for purchasing records from 2017-06-29 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

The attached document may be helpful as a reference to fulfill this request if the Borough of West Cape May stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=BoroughOfWestCapeMay

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

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: [redacted] Support: 888-988-6348
Email: [redacted] www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name CHRISTINE MI ____ Last Name MUELLER

E-mail Address [redacted]

Mailing Address 128 Yorke Ave

City W. Cape May State NJ Zip 08204

Telephone [redacted] FAX ____

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

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

Signature Christine Mueller Date 10-10-17

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.

PZB materials for App # 012-17 re:

1.) Revised Engineer Report Dated 10-9-17

2.) EDA Report (Applicant's Engineer) dated 9-28-17.

12 pages
@ 5¢ per page.
=60¢ total

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Marilyn MI F Last Name Murray

E-mail Address [redacted]

Mailing Address 7001 Sherwood Rd.

City Phila State PA Zip 19151

Telephone [redacted] FAX

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

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

Signature Marilyn F. Murray Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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PZB App. #005-17 | Scott Peter | LOI Copy

3 pages. -15¢.

Hand Delivered

PE

10/23/17.

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0888
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

Important Notice

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Requestor Information – Please Print

Drinker Biddle & Reath LLP,
First Name Dorothy E. Bolinsky, Esq. MI ____ Last Name ____
E-mail Address [redacted]
Mailing Address 105 College Road East, P.O. Box 627
City Princeton State NJ Zip 08542
Telephone [redacted] FAX [redacted]
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 10/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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With respect to Patricia Pierce and Christine Mueller and their property located at [illegible] Forke Avenue, West Cape May, New Jersey, designated as Block 4, Lot 13 (the "Property") on the official tax map of the Borough of West Cape May, New Jersey, please provide to me copies of the following:

1. Copies of any and all open or closed permits and applications for permits relating to construction or repairs of any structures on the Property or any other matter;
2. Copies of any and all applications, approvals, certificates and denials relating to zoning, development and/or variances in connection with the Property, including those of the zoning board, planning board, and historical preservation commission;
3. Copies of all records relating to the Property that are in the possession of the Construction Department, Zoning Department, Planning Department, Zoning Board, Planning Board, Historical Preservation Commission, Health Department, Public Works Department, and the Borough Clerk's office;
4. Copies of any and all documentation relating to any construction, zoning, planning, and health violations with respect to the Property, including any correspondence, notices and other documents relating thereto;
5. Copies of any and all certificates of appropriateness with respect to the Property;
6. Copies of any historical architectural surveys with respect to the Property;
7. Copies of any and all Landlord Registration Statements filed with respect to the Property and copies of applications for same;
8. Copies of any and all mercantile licenses issued with respect to the Property and copies of applications for same;
9. Copies of any and all certificates of habitability with respect to the Property;
10. Copies of any and all complaints of tenants with respect to the Property; and
11. Copies of any and all Certificates of Occupancy with respect to the Property.

Albert Singer 609 714-6543

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OCT 13 2017
CLERK'S OFFICE

BOROUGH OF WEST CAPE MAY
OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, New Jersey 08204
phone: (609) 884-1005 fax: (609) 898-0388
sstocker@westcapemay.us
Suzanne M. Stocker, Records Custodian

RECEIVED
OCT 31 2017
CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name Danielle MI ____ Last Name Kelly

E-mail Address [redacted]

Mailing Address 134 Sterling Ave

City Linwood State NJ Zip 08221

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 Danielle Date 10.30.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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Any and All information Regarding Records of

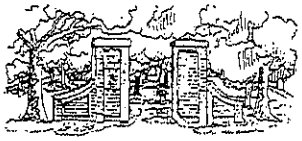
- tax
- assessment
- construction
- Violations/CODE enforcement
- zoning
- municipal liens

Of Lot 8 Block 41 231 Fourth Ave

BOROUGH OF WEST CAPE MAY

OPEN PUBLIC RECORDS ACT REQUEST FORM

732 Broadway, West Cape May, NJ 08204
Phone (609) 884-1005 Fax (609) 898-0888
Record Custodian: Elaine L. Wallace, RMC
ewallace@westcapemay.us



Important Notice

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Requestor Information – Please Print

First Name Larry MI ____ Last Name Higgins

E-mail Address [redacted]

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

City Oldwick State NJ Zip 08858

Telephone [redacted] FAX ____

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

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Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Rec'd 10/31 SMS

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____