

2017-141

Donna L. Frederick

From: ASK NJ Media Co. <opra+request-298-a1847dd3@requests.opramachine.com>
Sent: Monday, November 20, 2017 6:32 PM
To: Donna L. Frederick
Subject: Open Public Records Act request - OPRA Requests

Dear West Wildwood Borough,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJS 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-298-a1847dd3@requests.opramachine.com

Is dfrederick@westwildwood.org the wrong address for Open Public Records Act requests to West Wildwood Borough?

If so, please contact us using this form:

https://opramachine.com/change_request/new?body=west_wildwood_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.

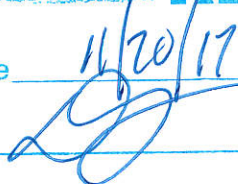


**OPRA Request
RECEIVED**

Date

11/20/17

By



Print Management Solutions
P O Box 350
Trexlerstown, PA 18087



OPRA Request 2017-082
RECEIVED

Open Record Officer
WEST WILDWOOD BORO
701 West Glenwood Avenue
West Wildwood, NJ 08260

Date 8-2-17

By Carol O'Hara

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
Trexlerstown, 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
Trexlerstown, PA 18087

#2017-083



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, C̄MR, CPWM

**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 BRUCE MI _____ Last Name GEDRAITIS
 E-mail Address BGEDRAITIS@AOL.COM
 Mailing Address 641 W. ADLAR AVE
 City W. WILDWOOD State NJ Zip 08260
 Telephone 2152805623 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 Bruce Gedraitis Date 8-6-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

☒ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

BREAKDOWN OF COSTS ASSOCIATED W/2017 FAMILY FESTIVAL/FIREWORKS & MEANS OF PAYING SUCH COSTS. PLEASE INCLUDE SET-UP/CLEAN-UP COSTS, OVERTIME OF PERSONNEL (IF ANY) & OTHER EXPENSES WHICH WERE PAID BY TAXPAYER FUNDS.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



OPRA Request
RECEIVED

Date 8/7/17By DO

#2017-084



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.westwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, C̄MR, CPWM



Important Notice

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Requestor Information - Please Print

First Name BRUCE MI _____ Last Name GEDRAITIS
E-mail Address BGEDRAITIS@AOL.COM
Mailing Address 641 W. POPLAR AVE
City W. WILDWOOD State NJ Zip 08260
Telephone 252805623 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 Bruce Gedraitis Date 8-5-17

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.

TOTAL & INDIVIDUAL BOROUGH OWNED VEHICLES
INSURANCE COSTS. PLEASE INCLUDE COPY OF
POLICY SECTION WHICH STATES POLICY COST IS
THE SAME FOR ONE VEHICLE OR ENTIRE FLEET OF
VEHICLES

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

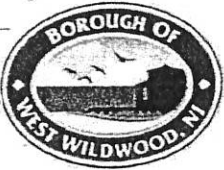


OPRA Request
RECEIVED

Date 8/7/17

By [Signature]

2017-085



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.westwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM



Important Notice

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Requestor Information - Please Print

First Name BRUCE MI _____ Last Name GEDRAITIS
E-mail Address BGEDRAITIS@AOL.COM
Mailing Address 641 W. POPLAR AVE
City W. WILDWOOD State NJ Zip 08260
Telephone 215 280 5623 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 Bruce Gedraitis Date 8-5-17

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.

COMPENSATION PACKAGE (TOTAL) INCLUDING BENEFITS (OR ANY MEDICAL OPT-OUT PAYMENT) OF THREE COMMISSIONERS.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



**OPRA Request
RECEIVED**

Date 8/7/17

By [Signature]

#2017-086



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.westwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM



Important Notice

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Requestor Information - Please Print

Payment Information

First Name CATHERINE MI _____ Last Name MESIANO
E-mail Address Cmesiano@hurvitzlaw.com
Mailing Address 1008 S. NEW RD
City Pleasantville State NJ Zip 08232
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date _____

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.

Body cam and any audio available
pertaining to Sgt. JAMES DODD, #1705
for case number 2014-009220.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



Date 8/7/17
By _____

2017-087

AGENCY NAME HERE

Place
Logo
Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

Place
Logo
Here

Important Notice

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Requestor Information – Please Print

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

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

Signature James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost \$ 1

Select Payment Method

Cash ☒ Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY

Est. Document Cost N/A
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 - X - Closed X
Partial - Closed _____

AGENCY USE ONLY

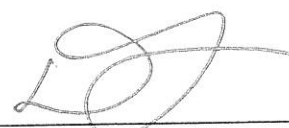
Tracking Information

Tracking # 2017-087
Rec'd Date 8/14/17
Ready Date 8/16/17
Total Pages 9

Records Provided

Final Cost

Total N/A
Deposit _____
Balance Due _____
Balance Paid _____

E-MAILED


Custodian Signature

8/14/17

Date

2017-088

West Wildwood Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

Fax:

PUBLIC RECORDS

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 Jeffrey MI Last Name Devlin
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-9524 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X

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

Signature [Signature] Date 8/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/15/17
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature

Date

#2017-089



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**Important Notice**

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Requestor Information - Please PrintFirst Name Jenn MI L Last Name FusonE-mail Address icarroll@accelelevator.comMailing Address 127 S Main StreetCity Barnegat State NJ Zip 08005Telephone (609) 660-8000 FAX (609) 660-8336Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒

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

Signature [Signature] Date 8/9/17**Payment Information**

Maximum Authorization Cost \$

Select Payment MethodCash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

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

This can be emailed or faxed.

Thank you very much! Jenn

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



OPRA Request
RECEIVED

Date

8/15/17[Signature]

2017-090



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**Important Notice**

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Requestor Information - Please Print

First Name Alexandria MI _____ Last Name Brown
 E-mail Address Alexandria.BROWN@PEMCO-LIMITED.COM
 Mailing Address Pemco Limited Business Filings Incorporated 820 Bear Tavern Road
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3238 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/15/2017

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.

In search of any open code violations and vacant property, registration for property address 739 Glenwood Ave West, Wildwood, NJ, 08260. I need to know if the property has ever been registered as vacant under the township ordinance. If the property has been registered I need the date of registration, amount paid and who registered the property.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



OPRA Request
RECEIVED

Date 8/15/17By [Signature]

2017-091

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 856-383-0803 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

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

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

Instructions on how to generate the report in excel in the Edmund System:

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

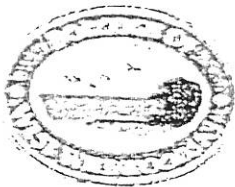
In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
OPRA request RECEIVED
 Date 8/15/17
 By N90
 Custodian Signature _____ Date _____

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

#2017-092



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08050
609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name Catherine Last Wilson
E-Mail address Catherine35wilson@gmail.com
Mailing Address 729 Stanchouse Rd.
City Moorestown State NJ Zip 08057
Phone (856) 669 8851 Fax ()

6 Payment Information

Select Payment Methods:

Cash Check Money Order

Cash
of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

Special Service fee = \$

Delivery/postage fee \$ = \$

TOTAL COLLECTED \$

Collected by: Date

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT X
been convicted of any indictable offense under the laws of New Jersey, any other
State, or the United States. Signature Date 8/16/17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

Police report, & arrest report 8/8/17
officer mahwenny

OPRA Request

4 TRACKING:

RECEIVED

Date 8/16/17

Method Recd:
(mail, in person, fax, e-mail)

5

Released By: Date

Date Received by custodian

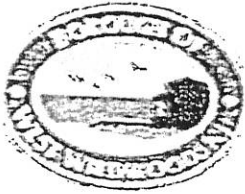
Processed by: Time spent

Note

8/24/17 Called 3:41 PM Full Mailbox, Can't Leave Message

8/16 Called 2:38 PM - VOICE MAIL FULL - CAN'T LEAVE MESSAGE
3:14 PM - " " " " " "

2017-093



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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1 Requestor Information—Please Print Clearly

First Name MARY J. Last O'BRIEN
E-Mail address marjmf117@gmail.com
Mailing Address 6000 Village Way #405
City Boskewyn State Pa Zip 19061
Phone (Cell) 453-1432 Fax ()

6 Payment Information

Select Payment Method:

Cash Check Money Order

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

Special Service fee = \$

Delivery/postage fee \$ = \$

TOTAL COLLECTED \$

Collected by: Date

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT
been convicted of any indictable offense under the laws of New Jersey, any other
State, or the United States. Signature Mary J. O'Brien Date 8/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

Police report from beer truck backing into me

OPRA Request

4 TRACKING RECEIVED

5

Released By: Date

Date Received by custodian

Processed by: Time spent

Note

Date 8/16/17

BY Method Rec:

(mail, in person, fax, e-mail)

2017-094



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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1 Requestor Information—Please Print Clearly

First Name Claire Last Davalos
E-Mail address davalosc@gmail.com
Mailing Address 3312 Brunswick Ave.
City Drexel Hill State PA Zip 19026
Phone (484) 574-3985 Fax ()

6 Payment Information

Select Payment Method:

Cash Check Money Order

of pages @ \$ = \$

of pages @ \$ = \$

of pages @ \$ = \$

 @ \$ = \$

 @ \$ = \$

Special Service fee = \$

Delivery/postage fee \$ = \$

TOTAL COLLECTED \$

Collected by: Date

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:23-3, 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 CDavalos Date 7/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

17-05249 copy of police report

4 TRACKING:

OPRA Request
RECEIVED

Date 8-18-17

Method Rec'd RS

(mail, in person, fax, e-mail)

5

Released By: Date

Date Received by custodian

Processed by: Time spent

Note

**BOROUGH OF WEST WILDWOOD****OPEN PUBLIC RECORDS ACT REQUEST FORM**

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print ClearlyFirst Name John Last FREDERICK

E-Mail address _____

Mailing Address 1 VENUE AVECity West Wildwood State NJ Zip 08260Phone (609) 394-0000 Fax (_____)**6 Payment Information****Select Payment Method:**

Cash _____ Check _____ Money Order _____

of pages 0 @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ 0

Collected by: _____ Date _____

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

been convicted of any indictable offense under the laws of New Jersey, any other

state, or the United States. Signature _____

Date 8/18/17**3 Record Request Information:** Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of voucher(s) or bill(s) that shows total cost of street posters for the Christmas in July Festival event (see attached photo of street poster)

**Christmas in
July Festival**

West Wildwood
July 22nd

4 TRACKING:

OPRA Request

RECEIVEDMethod Rec: 8-18-17

(mail, in person, fax, e-mail)

By Carl Offner**5**

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA 2017-096

CLERK



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name T. F. FREDERICK Last _____

E-Mail address _____

Mailing Address 1 VENICE

City W. WILDWOOD State NJ Zip 08260

Phone (609) 354-0882 Fax ()

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature]

Date 8-18-17

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

@ \$ _____ = \$ _____

@ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of voucher(s) / bill(s) / or contract(s) from the firework contractor that fired off the firework display on Saturday evening July 22, 2017 as part of the Christmas in July Festival event

4 TRACKING:

OPRA Request
RECEIVED

Date Rec: 8-18-17

(mail, in person, fax, e-mail)

By _____

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA 2017-097

CLERK



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICECity W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax () _____

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

state, or the United States. Signature [Signature] Date 8-18-17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

Copy of any / all donations provided to the Borough of West Wildwood dedicated to the cost(s) of the Christmas in July Festival event

4 TRACKING:



Method Rec: 8-18-17
Date _____
(mail, in person, fax, e-mail)

By [Signature]

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA 2017-098

CLERK



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name N. Last FEDERICO

E-Mail address _____

Mailing Address 1 VENICECity W. W. WOOD State NJ Zip 08260Phone (609) 374-882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Signature _____ Date 8/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of all overtime paid to borough employees that worked beyond their normal working day due to the Christmas in July Festival help on Saturday July 22, 2017

4 TRACKING:

OPRA Request
RECEIVED

Date Rec: _____

(mail, in person, fax, e-mail)

By _____

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information - Please Print Clearly

First Name FL Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICECity W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT _____

been convicted of any indictable offense under the laws of New Jersey, any other

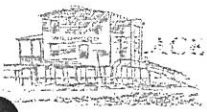
state, or the United States. Signature _____

Date 8/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of special State licenses / permits such as but not limited to an alcohol license for the sale of beer at the Saturday Christmas in July Festival July 22, 2017

4 TRACKING:



OPRA Request
RECEIVED

Method Rec: 8-15-17
Date (mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

By C. J. O'Hara



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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1 Requestor Information—Please Print Clearly

First Name H Last FREDERICK
E-Mail address 1 VENICE AVE
Mailing Address 7
City W. WILDWOOD State NJ Zip 08260
Phone (609) 374-0882 Fax ()

6 Payment Information**Select Payment Method:**

Cash Check Money Order
of pages 0 @ \$ = \$
of pages @ \$ = \$
of pages @ \$ = \$
 @ \$ = \$
 @ \$ = \$

Special Service fee = \$ Delivery/postage fee \$ = \$ **TOTAL COLLECTED \$** 0Collected by: Date **2 If you are requesting records containing personal information, please check one:**

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT X
been convicted of any indictable offense under the laws of New Jersey, any other
state, or the United States. Signature [Signature] Date 8/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of all monies collected from vendors / solicitors / groups that paid to participate in the Christmas in July Festival event

4 TRACKING:**5**Released By: Date Date Received by custodian Processed by: Time spent Note

OPRA Request
RECEIVED

Method Rec: 8-18-17
Date (mail, in person, fax, e-mail)

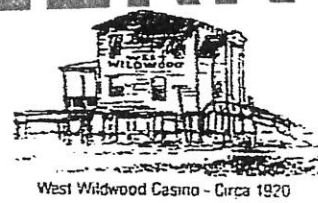
By Caf O'Hale

OPRA 2017-101

CLERK



BOROUGH OF WEST WILDWOOD
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845
James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H Last FREDERICK
E-Mail address _____
Mailing Address 1 VENICE
City W. W. LAUREL State NJ Zip 08260
Phone (609) 374-0882 Fax (_____) _____

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____
of pages @ \$ _____ = \$ _____
of pages @ \$ _____ = \$ _____
of pages @ \$ _____ = \$ _____
_____ @ \$ _____ = \$ _____
_____ @ \$ _____ = \$ _____
Special Service fee _____ = \$ _____
Delivery/postage fee \$ _____ = \$ _____
TOTAL COLLECTED \$ _____
Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT _____
been convicted of any indictable offense under the laws of New Jersey, any other
State, or the United States. Signature _____ Date 8/18/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of ordinance / resolution and/or notice (communications requesting permission) from the County of Cape May that legally permitted the shutting down of municipal and county roads to traffic to hold the Christmas in July Festival on July 22, 2017

4 TRACKING:

OPRA Request RECEIVED
Method Rec: 8-18-17
Date _____ (mail, in person, fax, e-mail)

5 Released By: _____ Date _____

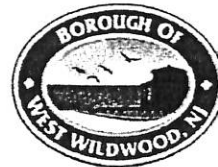
Date Received by custodian _____
Processed by: _____ Time spent _____
Note _____

By [Signature]

#2017-102



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**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 Claudine MI Last Name Anague
 E-mail Address foia@buildzoom.com
 Mailing Address 301 Howard Street, Suite 1410
 City San Francisco State CA Zip 94105
 Telephone (415) 890-3706 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 Canague Date 08/22/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Report of all building permits processed by your department from January 2007 to present.
 Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Response Electronically SAVED UNDER O.P.R.A # ABOVE.

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

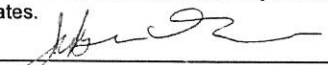
Fax:

PUBLIC RECORDS

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	Jeffrey	MI		Last Name	Devlin
E-mail Address	data@legalplex.com				
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone	609-961-9524	FAX	609-961-6661		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
				X	X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	8/28/2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/13/2017

End Date 8/26/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

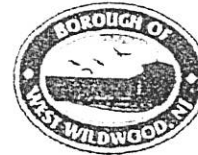
AGENCY USE ONLY

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

2017-104



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.westwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM



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 ALFRED MI A Last Name ALPINI

E-mail Address ALFRED.ALPINI@GMAIL.COM

Mailing Address 114 Hidden Fox Drive

City Lincoln University State PA Zip 19352

Telephone 610 517 7870

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

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

Signature [Signature] Date 8/30/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I was a victim of a dog attack on August 3, 2017. In the attack both my dog and I were bitten. I am requesting a copy of the report and any additional paper work describing the incident and documenting the vaccination / Registration status of the dog.

Sincerely,

ALFRED Alpinì

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

2017-105



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 377-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 8-28-17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of ANY / ALL employees/elected officials that have depended children and spouses enrolled in the borough health medical plan that is paid for using borough taxpayer tax dollars in the general budget as outlined in the approved October 7, 2016 West Wildwood Policy Manual.

NOTE: As mandated by RESOLUTION 2016-097 in said policy manual on pages 3 and 4 specifically eligible dependents for spouse and children Borough policy requires that "a photocopy of marriage certificate on file.....a photocopy of child's birth certificate be includes the parent's name is required for enrollment".

NOTE: No information is being requested that is in violation or conflict with state or federal regulations outlined in HIPPA regulations.

4 TRACKING: OPRA Request

RECEIVED

8/28/17

Method Rec: _____

(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

Fax:

PUBLIC RECORDS

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 Jeffrey MI Last Name DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred Delivery: Pick On-Site US Mail Inspect Fax X E-mail X

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

Signature [Signature] Date 9/11/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/27/2017End Date 9/9/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

Custodian Signature

Date



CLERK

BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. Wildwood State NJ Zip 08260

Phone (609) 374-0882 Fax () _____

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒

been convicted of any indictable offense under the laws of New Jersey, any other

state, or the United States. Signature _____ Date 9-12-17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

As mandated by Resolution 2016-097 in said policy manual on pages 3 & 4 specifically eligible dependents for spouse and children of Borough policy requires a "photocopy of marriage certificate on file.... a photocopy of child's birth certificate that includes the parent's name is required for enrollment". When referencing enrollment in the borough's paid medical plan through said employee or elected official of the Borough of West Wildwood.

Noting the above policy:

provide a copy(ies) of the mandated document(s) held by the Borough of West Wildwood and on file, with appropriated / legal redactions as required by law and HIPPA regulations, showing evidence of the additional person(s) receiving medical benefits through said elected official Scott Golden that is being funded with general tax dollars and collected from taxpayers' of West Wildwood and same budgeted in the operating budget funded with taxpayers dollars.

4 TRACKING: **OPRA Request RECEIVED**

Date 9/12/17

Method Rec: _____
(mail, in person, fax, e-mail)

5.

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA

#

2017-108

NUMBER WAS

NOT

ASSIGNED

#2017-109



**State of New Jersey
Department of State
GOVERNMENT RECORDS REQUEST FORM**

The reverse of this form contains important information related to your rights to request government records. Please read it carefully. In addition please note that you may complete and submit this form electronically at www.nj.gov/opra.

(Please Print - see reverse side for important information)												
First Name:	Mohammad	MI:		Last name:	Kaleemuddin					Maximum Authorized Cost:		
										\$		
Company:	CORELOGIC TAX SERVICES									Select Payment Method:		
Mailing Address:	3001 Hackberry Road, Irving TX 75063-0156.											
City:	Westlake	State:	TX	Zip Code:	76262					Cash		
										Check		
										Money Order		
e-mail Address:	mfassiddin@corelogic.com											
Business Hours Telephone #:	(	877	)	296	-	6794	Ext.	499141			Fees:	Pages 1 - 10 @ \$0.75 per
											Pages 11 - 20 @ \$0.50 per	
Fax # (if applicable):	(	817	)	826		1526	Ext.					Pages 21 + @ \$0.25 per
Fax # (if applicable):	(		)				Ext.					
Preferred Delivery:	FAX	☒	US Mail	☐	On site inspection	☐					Delivery:	Delivery/postage fees additional depending upon delivery type
Circle one:	Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>Have</u> / <u>Have Not</u> been convicted of any indictable offense under the laws of New Jersey or any other state or the United States.											
Signature:							Date:	09/11/2017			Extras:	Extraordinary service fees dependent upon request

(To expedite your request be as specific as possible in describing the records requested.)

Tax Lien Redemptions with interest calculated through 10/31/2017 for the following parcels:

2017-110

West Wildwood Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

Fax:

PUBLIC RECORDS

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 Jeffrey MI Last Name DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X

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

Signature [Signature] Date 9/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/10/2017End Date 9/23/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			

Custodian Signature

Date



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name HERBERT Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0892 Fax (____)

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X
been convicted of any indictable offense under the laws of New Jersey, any other
State, or the United States. Signature [Signature] Date 10/3/17

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of vouchers and other cost records pertaining to the Ferentz v. Borough of West Wildwood
Superior Court case heard July 17-21/2017

4 TRACKING:

OPRA Request
RECEIVED

PLACE OPRA STAMP HERE

Date 10/3/17

Method Rec: [Signature]

By _____ (mail, in person, fax, e-mail)

5

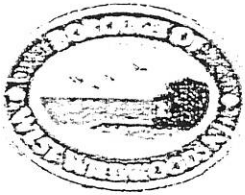
Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

CLERK #2017-112



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE

City WW State NA Zip 08260

Phone (609) 334-0882 Fax (_____)

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____ Date 10-3-17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

COPIES OF NOTE AT BOTTOM OF DOCUMENT DATED

10/20/17 - "NOTE": OPEN PUBLIC ACT" VITAL STATISTICS

RECORDS" SPECIFICS - OR STATUTE NJSA #

4 TRACKING:

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

Method Recd:

(mail, in person, fax, e-mail)



Borough of West Wildwood

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260

Phone 609-522-4845 FAX 609-522-9055

E-mail www.westwildwood.org

BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM



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 Odessa MI MI Last Name Woolery

E-mail Address owoolery@crsdata.com

Mailing Address Courthouse Retrieval System Inc., 341 Troy Circle

City Knoxville State TN Zip 37919

Telephone (865) 584-8017 FAX (865) 584-8047

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 _____

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.

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

10/11/17

#2017-114



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**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**Payment Information**

First Name Aimee MI K Last Name Pacheco
 E-mail Address aimee.pacheco@pemco-limited.com
 Mailing Address 820 Bear Tavern Rd
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3245 FAX 303-284-8026
 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 Aimee Pacheco Date 10/16/2017

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

700 W Pine Ave, Wildwood, NJ
 Block 126 / Lot 3.01

Thank you!

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



BOROUGH OF WEST WILDWOOD

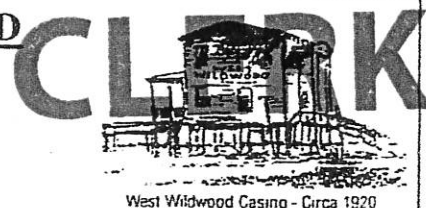
OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax (_____) _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 10/19/17

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of the Borough of West Wildwood Ordinance(s) or Resolution(s) that specifically establishes/creates the title of "Business Administrator" as is outlined and/or allowed by the Walsh Act _____ government constitutional law by which the Borough of West Wildwood is governed (not the salary ordinance that simply lists that what he will be paid)

OPRA Request

4 TRACKING:

RECEIVED
 Date 10-19-17 STAMP HERE

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

Method Rec: _____

(mail, in person, fax, e-mail)



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1929

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0852 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of the insurance binder (not the entire copy of the insurance policy for the borough, just the specific section to the question, otherwise I will be satisfied to review same if need be) that specifically addresses the bonding of the Business Administrator

4 TRACKING: OPRA Request

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

Method Rec: _____

(mail, in person, fax, e-mail)

By _____

85 RECEIVED

Date 10-19-17



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1929

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0882 Fax (____)

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

A copy of the commissioners' approved and legally executed and binding contract between the Borough of West Wildwood and the Borough Business Administrator

4 TRACKING:

OPRA Request
RECEIVED

RS
Date 10-19-17
PLACE OPRA STAMP HERE

Method Rec: _____
(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA-2017-118



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0882 Fax (____)

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT X
been convicted of any indictable offense under the laws of New Jersey, any other
State, or the United States. Signature [Signature] Date 10/9/17

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

A copy of the **official and legally binding** commissioners' enacted job description established for the
"Business Administrator" of the Borough of West Wildwood

4 TRACKING:

OPRA Request
RECEIVED

PLACE OPRA STAMP HERE

Date 10-19-17

Method Rec: _____

(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA-2017-119



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax (_____) _____

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____ Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of any appeal requests made by the Borough of West Wildwood's Attorney Barbone on the Ferentz V. West Wildwood law suit heard this past July 2017 in the NJ Superior Court

4 TRACKING: OPRA Request



RECEIVED

PLACE OPRA STAMP HERE

Date RS 10-19-17Method Rec: _____
By _____ (mail, in person, fax, e-mail)

5.

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue
West Wildwood, NJ 08260
609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒ _____

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____

Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of any and all costs associated with the Ferentz v. West Wildwood law suit that was heard this past July 2017 that was incurred beyond the attorney Louis Barbone; cost that include court costs, Joint Insurance court coverage costs, Joint Insurance deductible costs associated with the Ferentz suit, costs associated with depositions that were conducted prior to court that involved solicitor Mary Bittner, a court recorder, a JIF attorney and so on. Those items were no listed on a prior OPRA request on Borough costs in reference to Ferentz v. West Wildwood suit

4 TRACKING: OPRA Request

RECEIVED

Date RS 10-19-17

Method Rec: _____

(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____

Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of written any communication from the Joint Insurance Fund to the Borough of West Wildwood that provides their determination/opinion as to who is responsible for the Ferentz suit cost of 1.16 million dollars, the insurance fund or the borough taxpayers'

4 TRACKING:

OPRA Request
RECEIVED

Method Rec: BS-10-19-17
(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

By _____



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____

Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of the **officially approved and recorded** legal chart/chain of command established by the commissioners' for the Borough of West Wildwood

4 TRACKING: OPRA Request



RECEIVED

Date RS - 10-19-17

BY _____ (mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA-2017-123



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of the commissioners' legal and binding established outlined hours specifically for the business administrator

4 TRACKING: OPRA Request

RECEIVED

Date RS-10-19-17

Method Rec: _____
By _____ (mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax (_____) _____

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature] Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Copy of the ordinance or resolution that establishes what commissioner the business administrator is assigned pursuant to N.J.S.A 40:72-5 and the intent and purpose of N.J.S.A 40:72-6.1

4 TRACKING: OPRA Request

RECEIVED
PLACE OPRA STAMP HERE

Date 10-19-17

Method Rec: _____

By _____ (mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

OPRA - 2017-125



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.

City W. WILDWOOD State NJ Zip 08260

Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____

Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

A copy of the most recent/current salary of the Business Administrator of the Borough of West Wildwood

4 TRACKING: OPRA Request

RECEIVED

PLACE OPRA STAMP HERE

BS 10-19-17

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

Method Rec: _____

(mail, in person, fax, e-mail)



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name H.C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax (____)

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____

Date 10/19/17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

_____ Copy of all jobs and or any additional appointments assigned to the "Business Administrator"

4 TRACKING: OPRA Request

PLACE OPRA STAMP HERE

Date RS 10-19-17

Method Rec: _____

BY _____ (mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

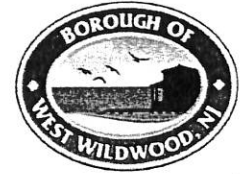
Processed by: _____ Time spent _____

Note _____



2017-127

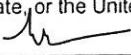
Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.boroughofwestwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM



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 Larry MI Last Name Higgins
E-mail Address OPRA@NJPropertyRecords.com
Mailing Address 174 Lamington Rd, P.O. Box 180
City Oldwick State NJ Zip 08858
Telephone 908-255-9919 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature  Date

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

Fax:

PUBLIC RECORDS

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	Christina	MI		Last Name	Mota
E-mail Address	data@legalplex.com				
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone	609-961-1120		FAX	609-961-6661	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	X
				E-mail	X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Christina Mota			Date	10/23/2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/8/2017

End Date 10/21/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

AGENCY USE ONLY

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

#2017-129



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name D. A. C. Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICECity W. WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax (____)

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$.05 = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT X

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature _____ Date 10-26-17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

COPIES OF Resolution #'s ATTACHED



OPRA Request

RECEIVED

4 TRACKING:

Date 10/20/17By [Signature]Method Rec: _____
(mail, in person, fax, e-mail)

5

Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

2017-130



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
Phone 609-522-4845 FAX 609-522-9055
E-mail www.westwildwood.org
BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**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	Dawn	MI		Last Name	McFarland
E-mail Address	dmcFarland@eosfs.com				
Mailing Address	PO Box 68				
City	Bridgeton	State	NJ	Zip	08302
Telephone	856-451-5300		FAX	856-455-3461	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	10/25/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

Please send me a copy of the Performance and Payment bond as well as all pay estimate for the project "2016 Road Program and FY2015 and 2016 NJDOT Municipal Aid Program" in which Charles Marandino LLC is the Prime Contractor

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

**OPRA Request
RECEIVED**Date 10/26/17By KJ

#2017-131



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4845

James Nanos Borough Clerk / Administrator



West Wildwood Casino - Circa 1920

IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name HERBERT Last FREDERICK

E-Mail address _____

Mailing Address 1 VENICE AVE.City WEST WILDWOOD State NJ Zip 08260Phone (609) 374-0882 Fax ()

6 Payment Information

Select Payment Method:

Cash _____ Check _____ Money Order _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

of pages _____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

_____ @ \$ _____ = \$ _____

Special Service fee _____ = \$ _____

Delivery/postage fee \$ _____ = \$ _____

TOTAL COLLECTED \$ _____

Collected by: _____ Date _____

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE _____ / HAVE NOT ☒

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature [Signature]Date 11-1-17

3 Record Request Information: Please be as specific as possible in describing the records being requested: To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. **You will be contacted when the request is complete.** Please use the space provided below to make your request:

Complete copy of the testimony and all supporting testimony / documents as written, reported with evidence attachments in full from the Due Process Hearing(s) report of West Wildwood police Lieutenant Jacqueline Ferentz conducted by then State Hearing Officer Frederick Coldren for the Borough of West Wildwood following discipline charges filed by Mayor Herbert C. Frederick (hearings begun in or about the spring of 2009). Lieutenant Ferentz was represented by Michelle Douglass and the Borough of West Wildwood's attorney was Gregory Dibsie. According to sworn depositions given by Mr. Maxwell and Mr. Ridings in the Ferentz v. Mayor Frederick & Borough of West Wildwood a copy of the above requested document is in the possession of Mr. Ridings

Complete the above requested records under both OPRA and common right of access in accordance with the statutory time frame established in N.J.S.A. 47:1A-5

4 TRACKING:



RECEIVED

Date 11/1/17
Method Rec: _____

(mail, in person, fax, e-mail)

By [Signature]

5

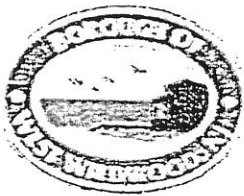
Released By: _____ Date _____

Date Received by custodian _____

Processed by: _____ Time spent _____

Note _____

2017-132



BOROUGH OF WEST WILDWOOD

OPEN PUBLIC RECORDS ACT REQUEST FORM

701 West Glenwood Avenue

West Wildwood, NJ 08260

609-522-4345

Municipal Clerk Donna L. Frederick, RMC



IMPORTANT NOTICE:

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

1 Requestor Information—Please Print Clearly

First Name Harold Last KaufmanE-Mail address PB4078 @ AOL.comMailing Address P.O. Box 635City Northfield State NJ Zip 08225Phone (609) 645-3424 Fax (609) 241-8277

6 Payment Information

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐# of pages @ \$ = \$ # of pages @ \$ = \$ # of pages @ \$ = \$ @ \$ = \$ @ \$ = \$ Special Service fee = \$ Delivery/postage fee \$ = \$ TOTAL COLLECTED \$ Collected by: Date

2 If you are requesting records containing personal information, please check one:

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ☐ / HAVE NOT ☒

been convicted of any indictable offense under the laws of New Jersey, any other

State, or the United States. Signature AK Date 11/2/17

3 Record Request Information: Please be as specific as possible in describing the records being requested. To expedite your request, please limit one request per form. Unless other arrangements are made, all records must be picked up in person at Borough Hall. You will be contacted when the request is complete. Please use the space provided below to make your request:

Police case # 17-06270

OPRA Request
RECEIVED

4 TRACKING

Date 11/2/17By LD

Method Rec:

(mail, in person, fax, e-mail)

5

Released By: Date Date Received by custodian Processed by: Time spent Note

#2017-133



Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, C̃MR, CPWM

**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**Payment Information**

First Name Jenn MI L Last Name Fuson
 E-mail Address jcarroll@accelelevator.com
 Mailing Address 127 S Main Street
 City Barnegat State NJ Zip 08005
 Telephone (609) 660-8000 FAX (609) 660-8336
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/6/17

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

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

This can be emailed or faxed.

Thank you very much! Jenn

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph:

Fax:

PUBLIC RECORDS

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 Christina MI Last Name MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/22/2017End Date 11/4/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Custodian Signature

Date

OPRA-2017-135

CLERK

Borough of West Wildwood
OPEN PUBLIC RECORDS ACT REQUEST FORM
 701 WEST GLENWOOD AVE., WEST WILDWOOD, NJ 08260
 Phone 609-522-4845 FAX 609-522-9055
 E-mail www.westwildwood.org
 BOROUGH CLERK, DONNA L. FREDERICK, RMC, CMR, CPWM

**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 Susan MI M Last Name Czwalina
 E-mail Address smc5827@aol.com
 Mailing Address 1151 Harper Ave
 City Woodlyn State PA Zip 19094
 Telephone 610-329-6735 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 Susan Czwalina Date 11/14/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

1. Copy of original State of NJ healthcare invoice approved for payment at 10/2017 meeting (#13563.35)
2. Blaney & Karavan invoices approved at 10/2017 mtg. (total = \$4784.16)

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



OPRA Request
RECEIVED

Date 11-14-17.By Cal O'Hala
Deputy Clerk

#2017-136



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



**OPRA Request
RECEIVED**

Date

11/21/17

By

[Signature]