16 pages

Carie Crone

From: Frank LAST_NAME <mcrealtor@comcast.net>
Sent: Friday, November 03, 2017 2:07 PM
To: Carie Crone
Subject: OPRA Request

Please accept this as my request for Government Records. Please note the Open Public Records Act (OPRA) is not only the basis of my request. I claim entitlement to the records sought under OPRA and the Common Law Right of Access. Please acknowledge receipt of this email as my request. Thank you.

Do Not Use regular mail either for replying to this request or sending me the requested records. Please use email instead.

Email: mcrealtor@comcast.net

Under penalty of NJSA 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.

REQUESTED RECORDS:

Permits, Certificate of occupancy ,Sewer bills,connections fees, diagram of sewer hook up and inspection records if any exist for 334 E Waveland Ave. Block 915, Lot 1.

Galloway Twp

Certificate of occupancy for 325 E White Horse Pike, Block 908, Lot 2. Galloway, Twp.

As per Galloway clerk these records are in your possession because of a conflict.

Thank You

Frank McGinley

[redacted]

11/03/2017 FRI 8:20 [illegible]

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Ronald MI J. Last Name GREGORIO

E-mail Address ronald.gregorio@cfins.com

Mailing Address 305 Marian Ave

City Monroe State NJ Zip 07960

Telephone 973-631-5982 FAX N/A

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 11/02/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide Certificates of Occupancy for the attached list of homes.

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 11.22.17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Read Date ___
Ready Date ___
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

[signature] Custodian Signature

11.09.17 Date

CITY OF ABSECON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk

Facsimile 6096455098

Important Notice

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

Requestor Information – Please Print

First Name Jim MI _____ Last Name Brennenstuhl

E-mail Address Investec1361@msn.com

Mailing Address PO Box 1361

City Absecon State NJ Zip 08201

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 21 October 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am a Private Detective and the investigator of record for attorney Randolph C Lafferty with respect to an injury to his client, William Hodges, arising from a fall at 70 E Woodland Village, Absecon NJ 04/19/2017. Please consider this request under the Open Public Records Act, NJ Right to Know for: any records of Police, Fire or Emergency Medical Service response to that event or similar events in the ten years prior including but not limited to printed documents, reports, digital audio or video files including but not limited to 911 calls, radio transmissions, digital video files of responding officers, or other tangible things; any records of Code or Construction violations for that location and Woodland Village; and the records of any complaints filed with the government of Absecon for Woodland Village; and an inspection of the entire Construction Office file for the Woodland Village.

Please contact me if you have any questions in this regard. Thank you for your time and attention.

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 11/6/2017

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Attached

Teri Ciereszyn 11/6/2017

Custodian Signature Date

Oct 20 17, 08:27p

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

Important Notice

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

Requestor Information – Please Print

First Name Brittany M MI T Last Name Sheldon

E-mail Address BSHELDON@rebrokers.com

Mailing Address 7850 W. Palmetto Park Rd

City Boca Raton State FL Zip 33433

Telephone [redacted] FAX ____ Fax ____ E-mail ✓

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

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

Signature [signature] Date 10/20/17

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.

Hi, I was told by the owner of 401 Whitehorse Pike in Absecon that the city has a copy of his property survey. can you please email or mail a copy of it to me? The owners name is Jay Weisman

Block 207 lot 11

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 10/23/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Recd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

emailed survey from 1995

[signature] Custodian Signature 10/23/17 Date

TEAL

October 5, 2017

Office of the Clerk
Carie A. Crone
500 Mill Road
Absecon, NJ 08201

Re: OPRA Request

To whom it may concern:

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting an opportunity to obtain copies of the following public records:

- The most current record or accounting of outstanding city issued checks that have not-yet been cashed or turned over to the State as unclaimed property to include payee name, issued date, check number, and amount. If possible, please limit this to check issued 6 or more months from today's date above $899.

- The most current statement or report available containing information on residential and commercial construction Escrow Accounts, Cash Performance/Maintenance Bonds and any other construction or development-related Cash Securities that would be refundable to the depositor upon project completion and acceptance by the city.

Some common examples of the cash securities we typically see include (but are not limited to) deposits for Land Development, Sewer Taps, Right-of-Way, Landscaping, Sidewalk, Curb & Gutter, Winter Handling, Signage, Street Cut/Opening, Grading, Erosion & Sediment Control, Subdivision, Storm Water Management, Building, Paving, Street Lights, Driveway, Temporary Trailer, Conservation, Certificate of Occupancy and Inspection escrows. Responsive departments *normally* include Building and Development, Engineering, Planning & Zoning, Public Works, Transportation and in some cases, the Finance Department.
It is requested that the information provided in response to escrow portion of this request contain a minimum of the following specific details when available:

o Name of depositor	o Date of Deposit
o Current Balance	o Project Address *[or Block & Lot number]*

Should there be a cost associated with the fulfillment of this records request that exceeds $25.00, kindly notify me via telephone or email with the estimated cost, prior to incurring any charges.

The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for your time and consideration of my request.

Sincerely,

7350 Heritage Village plaza, Suite 202, Gainesville, VA 20155

(571)409-7071

www.teal-usa.com

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Connor MI S Last Name Walters

E-mail Address CWalters@walternixon.com

Mailing Address 123 N. Union Avenue Suite 205

City Cranford State NJ Zip 07016

Telephone 908-272-9060 FAX 908-272-8664

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 Connor Walters Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request

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

Follow up request from our June 2017 request to obtain a copy of the town council meeting minutes for when Walters Mariners bid to construct the Absecon Creek Floating Docks was approved. The meeting would have been some time between August and October 2008.

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.

Filled 10/6/17

In Progress - Open _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Teri Colemyn 10/6/17

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 SHARON MI M Last Name DiGIACINTO

E-mail Address SHARONDIGIACINTO1@GMAIL.COM

Mailing Address 402 W. CHURCH ST

City ABSECON State NJ Zip 08201

Telephone [redacted] FAX _____

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

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

Signature Sharon DiGiacinto Date Sept 27, 17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ANY + ALL INFO / RECORDS pertaining to 956 Seaside Ave, 08201 INCLUDING ANY LEINS, PAST C/O INFO "DISCLOSURE" for sure

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature

10/4/17
Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM

500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Daniel MI G. Last Name Rallo

E-mail Address danielrallo@gmail.com

Mailing Address 802 Tilton Road

City Northfield State NJ, Zip 08225

Telephone (609)338-7364 FAX

Preferred Delivery: Pick Up X US Mail On-Site Inspect Fax E-mail danielrallo@gmail.com

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 $ 100.0

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. Copy of permit for roof for 120 Lenape Lane Absecon
2. Copy of permit for plumbing for 120 Lenape Lane Absecon
3. Copy of electrical permit for 120 Lenape Lane Absecon
4. Copy of plumbing permit for 120 Lenape Lane Absecon

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 10/3/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Teri Cieraski
Custodian Signature

10/3/17
Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Sharon MI M Last Name DiGiacinto

E-mail Address Sharondigiacinto1@gmail.com

Mailing Address 407 W. Church St

City Absecon State NJ Zip 08201

Telephone [redacted] FAX ____

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

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

Signature Sharon DiGiacinto Date Sept 27, 17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request

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

ANY + ALL INFO / Records pertaining to 956 Seaside Ave, 08201 INCLUDING ANY LIENS, PAST C/O INFO "DISCLOSURE" FOR SAL

NO Record

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.

Gave copy of this w/ Mike Digning 'no Record'

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10/2
Partial - Closed ~~10/2~~

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ✓

Records Provided

C. Cove
Custodian Signature

10/2/17
Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 BLK 258 - LOT 1.43

WILL PAY UPON ARRIVAL

First Name PATRICIA MI ____ Last Name SILVESTRI

E-mail Address patriciasilvestri@comcast.net

Mailing Address 40 ABLES RUN DR.

City ABSECON State NJ Zip 08201

Telephone [redacted] FAX N/A

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 Patricia Silvestri Date 9-1-17

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.

REQUESTING - PLOT PLAN - SURVEY - HOWEVER IT IS FILED

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.

PLOT PLAN (AS referred to by HOA MGR AT Bel Aire LAKE) for ABOVE MENTIONED property. I WAS UNDER IMPRESSION ANYTHING OUTSIDE INNER WALLS IS COMMON Area. I have been told A portion of ground surrounding 40 Ables Run IS (AND PRIVATE) to owner, IN which case there should be a survey SPECIFIC to each Address

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
Filled - Closed 9/18/17
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due 15 cents
Balance Paid ____

Records Provided

No Tax assessor Records

1 Page construction

Ted Ceresa 9/18/17
Custodian Signature Date

Sep. 6. 2017 7:11AM

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Barbara MI ____ Last Name Haynes

E-mail Address Barbara.Haynes@pemco-limited.com

Mailing Address PEMCO Limited C/O 820 Bear Tavern Road.

City West Trenton State NJ Zip 08628

Telephone 720-509-3249 FAX 3032858026

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. have not

Signature _____ Date 9/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Looking for any notice of open permits/code violations currently pending on the referenced property address to date:
address: 200 ST CHARLES AVENUE

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 _____
Filed - Closed 9/7/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

9/7/17
Date

CITY OF ABSECON

OPEN PUBLIC RECORDS ACT REQUEST FORM

500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 SAMUEL ONG MI ____ Last Name ONG

E-mail Address ____

Mailing Address 4018 FERNWOOD AVE

City EHT State NJ Zip 08234

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 9/5/17

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.

Pls. PROVIDE INFO on the FOLLOWING TOWNHOUSES;
OWNER, DATE PURCHASE, PURCHASE PRICE & ASSESSED VALUE

720 S. NEW RD, ABSECON, NJ.

1. 1Q
2. 2F
3. 2I
4. 2P
5. 2Q
6. 2T
7. 3E
8. 3M
9. 3P
10. 4C
11. 3J
12. 3D
13. 3I
14. 3O
15. 3Q

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 9/7/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 15 pages

Final Cost

Total ____
Deposit ____
Balance Due 75 Cents
Balance Paid ____

Records Provided

Tax assessor Records

[signature] 9/7/2017
Custodian Signature Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 Gregory MI A Last Name Mueller

E-mail Address Mueller_gregory@yahoo.com

Mailing Address 4305 Atlantic Brigantine Blvd Unit A

City Brigantine State NJ Zip 08203

Telephone [redacted] FAX [redacted] c/o Jennifer Butler

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

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

Signature [signature] Date 8/31/13

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1/9/13

All permits and approvals in connection with any modifications or additions to 918 Seaside Ave
Absecon NJ 08201

Any violations of law with respect to this property as well.

Preferred method of delivery – Email (if not available Fax to 908-757-7445 c/o Jennifer Butler

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 9/6/13
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Teri Ciarcia 9/6/13
Custodian Signature Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM

500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

Important Notice

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Requestor Information – Please Print

First Name Jennifer MI L. Last Name Heller

E-mail Address jlheller@comcast.net

Mailing Address 153 Pennsylvania Ave

City Absecon State NJ Zip 08201

Telephone [redacted] FAX

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

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

Signature Jennifer L Heller Date 8.29.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Grading plan for the improvements currently being constructed on Pennsylvania Avenue. Road profile and cross-sections also if available.

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 8/30/17
Filled - Closed
Partial - Closed ___

AGENCY USE ONLY

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

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Custodian Signature

8/30/17
Date

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

Important Notice

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Requestor Information – Please Print

First Name LAIF MI S Last Name HANSON

E-mail Address Hansonbuilders125@yahoo.com

Mailing Address 553 S. Shore Road

City Absecon State NJ Zip 08201

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ 25.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please Provide all relevant Articles, Codes & requirements related to the attached Notice of Violation.

1. Code & Violation 251-12 B
2. "Minimum Occupancy Area requirements as set forth in this article" Please provide relevant Article
3. Please detail the rules of occupancy as relates to this Violation

(See attached Notice of Violation)

Please bill for costs,

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 8/31/17
Partial - Closed _____

AGENCY USE ONLY

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

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

Records Provided

Mike O'Hagan. Gave info - no cost - Related to violation.

Teri Corcoran 8/31/17
Custodian Signature Date

8/8 Copy to Cost $0.05

CITY OF ABSECON
OPEN PUBLIC RECORDS ACT REQUEST FORM
500 MILL ROAD
ABSECON, NJ 08201
609-641-0663 X100 & FAX 609-645-5098

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 LINDA MI ____ Last Name BUFFINGTON

E-mail Address LINDA@currenenvironmental.com

Mailing Address 10 Penn Ave

City Cherry Hill State NJ Zip 08002

Telephone 856-858-9509 FAX 856-662-7005

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 Linda Buffington Date 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property: 436 W California Ave
Absecon NJ
BL 289 Lot 9

Any permits for installation or removal of oil tanks
any permits for conversion to natural gas.

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 8/14/2017

AGENCY USE ONLY

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

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

Records Provided

Tribiano 8/14/2017