THE BOARD OF CHOSEN FREEHOLDERS
OF THE COUNTY OF SOMERSET
NEW JERSEY
COUNTY COUNSEL

Office of County Counsel
WILLIAM T. COOPER, III

Deputy County Counsel
JENNIFER A. COTTELL

Deputy County Counsel
ANGELA C. JUPIN

25 West High Street
Somerville, New Jersey 08876
(908) 685-0900
Fax: (908) 722-7737
www.co.somerset.nj.us

December 11, 2017

VIA EMAIL ONLY
ASK NJ Media Co.
Opra+request-324-580897a7@requests.opramachine.com

RE: Somerset County OPRA Request

Dear Sir/Madam:

As you know, the OPRA request you submitted to the County of Somerset was forwarded to our office for response. Your request sought copies of all OPRA requests made to Somerset County from August 1, 2017 to November 20, 2017.

The records responsive to your request are attached hereto. Please note that the requesters' home addresses, telephone numbers and e-mail addresses have been redacted. See, i.e., Wolosky v. Somerset County, A-1024-15T4 (Unpub. App. Div. 2017), holding that disclosure of the email and home addresses of other OPRA requesters is an improper invasion of their privacy, and that a balancing of the interests weighs in favor of keeping the information private. The addresses, telephone numbers and e-mail addresses contained in requests made by businesses and/or for business purposes have not been redacted in any fashion.

Your Open Public Records request has thus been processed in accordance with N.J.S.A. 47:1A-1, et seq. If your request has been denied in whole or in part, the County of Somerset reserves the right to raise any other grounds for denial not raised in this response. The failure of the County of Somerset to assert an exception or privilege herein does not act as a waiver of any ground for denial not raised herein.

If you have any additional questions or require any further information, please do not hesitate to contact me. Thank you.

Very truly yours,

Angela Jupin, Esq.
Deputy County Counsel

OPRA Health Dept

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

[illegible] Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8751
Email – [illegible]@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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: Lilama M.I. [illegible] Last Name: Abdikader
E-mail Address: [redacted]
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Telephone: [redacted] FAX: ____
Preferred Delivery: Pick Up ____ US Mail X On-Site Inspection ____ Fax ____ E-mail X

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

Signature: [signature] Date: 10-17-17

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 report for:
- 20 1st Street, Somerset NJ 08873 — 461/15
- 25 Culver St, Somerset NJ 08873 — 461/25
- 29 [illegible] — 461/29

mainly Septic and oil Tank removal

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 ____

AGENCY USE ONLY

Tracking Information

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

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

[illegible] 1 6 2017

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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

Requestor Information – Please Print

First Name Michael MI J Last Name Acito

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 8/9/17

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 septic records on the below address:

473 Elizabeth Ave
Franklin Twp
Block: 507.16 Lot: 44

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 ____
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

due 8/22

Custodian Signature ____ Date ____

TOTAL P.01

Mailed copy

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Maura MI _____ Last Name Aherne

E-mail Address maherne@aec-env.com

Mailing Address 1495 Alan Wood Road, 2nd Floor

City Conshohocken State PA Zip 19428

Telephone 6105673200 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ 15.00

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.

Re: FOIA request
Phase I Environmental Site Assessment
280 Route 202/206
Somerville, New Jersey

Advantage Environmental Consultants, LLC (AEC) is currently conducting a Phase I Environmental Site Assessment (ESA) of the above referenced parcel. I am requesting any information your agency has in regard to underground or aboveground storage tanks; chemical spills or releases; hazardous material storage or spills; or any other environmental concerns associated with this parcel.

As we are under a strict time-frame to complete this assessment, your timely response to this request would be greatly

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Justina MI F Last Name Anise

E-mail Address janise@peak-environmental.com

Mailing Address 26 Kennedy Blvd, Suite A

City East Brunswick State NJ Zip 08816

Telephone 732-326-1010 FAX 732-326-1012

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 Justina Anise Date 10/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please see attached letter for more information.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

PEAK ENVIRONMENTAL LLC

26 Kennedy Boulevard, Suite A, East Brunswick, NJ 08816
Phone 732-326-1010 • www.peak-environmental.com

October 31, 2017

Kathryn Quick-Custodian of Records/Deputy Clerk of the Board
County of Somerset Records Office
20 Grove Street, PO Box 3000
Somerville, NJ 08876

Via Email FreeholdersOffice@co.somerset.nj.us

Re: Government Records Request
150 Mt. Bethel Rd
Warren, NJ
Project No. 2540

Dear Record Access Officer:

Peak Environmental LLC is conducting a Phase I Environmental Site Assessment of the above referenced property in the town of Warren, NJ. This letter constitutes a request for a file search regarding environmental records from 1930 to the present for the property including:

- Environmental permits held for facilities currently or formerly located at the site;
- Records of violations regarding the use, handling, release, or discharge of solid or liquid wastes, hazardous materials;
- Records of environmental investigations conducted at the site;
- Records regarding the presence of septic tanks and/or groundwater wells at the site;
- Community Right to Know Surveys; and
- Asbestos, lead-based paint, radon, mold investigation/abatement records.

Please contact us at 732-326-1010 if any records exist for this property. We would appreciate it if you could fax the records if possible to 732-326-1012.

Thank you for your assistance.

Sincerely,
PEAK ENVIRONMENTAL LLC

Justina Anise

Justina Anise
Staff Scientist

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Emily MI G Last Name Arnold

E-mail Address earnold@langan.com

Mailing Address 2700 Kelly Road

City Warrington State PA Zip 18976

Telephone 215-491-6500 FAX 215-491-6501

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

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

Signature [signature] Date 9/15/17

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.

I am conducting a Phase I environmental site assessment and would like to see if there is any information or files on 135 Stonehouse Road, Basking Ridge, NY (Block 6001 Lot 6). Specifically I am looking for any information pertaining to documented conditions at the site that would be hazardous to health or the environment such as environmental reports, storage tank reports, permitting violations, notices of violations, etc. If there are any files pertaining to this site, I would like the opportunity to review those files. Please feel free to contact me at 215-491-6500 with any questions you may have.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

AMERICAN CIVIL LIBERTIES UNION of NEW JERSEY
FOUNDATION

P.O. Box 32159
Newark, NJ 07102
Tel: 973-642-2086
Fax: 973-642-6523
info@aclu-nj.org
www.aclu-nj.org

Edward Barocas
Legal Director
973-854-1717
ebarocas@aclu-nj.org

VIA U.S. MAIL & FACSIMILE

September 11, 2017

Records Custodian
Somerset County Board of Elections
20 Grove Street
PO Box 3000
Somerville, New Jersey 08876
Fax: 908-231-9465

Re: Public Records Request Regarding Policies for Voter List Maintenance

Dear Records Custodian:

This is a request for public records pursuant to the Open Public Records Act (OPRA), *N.J.S.A.* 47:1A-1 *et seq.*, and the common law right of citizens of the state to obtain access to public documents. *South Jersey Publishing Co. v. New Jersey Expressway Auth.*, 124 *N.J.* 478, 487-89 (1991). Please note that this letter contains the statutory requirements for a written OPRA request and we are not required to fill out an official form. *Renna v. County of Union*, 407 *N.J. Super.* 230 (App. Div. 2009). We have already sent a similar request to The Director of the New Jersey Division of Elections who directed us to request the documents from each of the state's counties.

Section 8 of the National Voter Registration Act requires states to conduct a "general program that makes a reasonable effort to remove the names of ineligible voters" from the official voter list by reason of death or a change of residence. 52 U.S.C. § 20507(a). The same section provides that states "are not precluded" from removing voters from the official registration list due to (1) the request of the voter; (2) death; (3) criminal conviction; or (4) mental incapacity.

To investigate the implementation of this process, we request, pursuant to OPRA, that your office produce the following materials:

(1) All copies of policies or procedures utilized from January 1, 2012, to the present concerning any and all processes for voter roll maintenance, i.e., periodic removal of ineligible voters from the official registration list. This includes, but is not limited to:

(a) Documents identifying the beginning and end dates of any such removal processes undertaken since January 1, 2012;

(b) Documents concerning any and all processes for identifying whether individuals on the official voter registration list have moved outside their county and/or state of residence;

(c) Documents concerning any and all procedures for removing voters on the basis of voter's death;

(d) Documents concerning any and all procedures for removing voters on the basis of felony criminal conviction, if such removal is required by state law;

(e) Documents concerning any and all voters who have been challenged at their polling place, including affidavits prepared by the challenger and challenged voters and other records prepared by any Board of Elections related to challenged voters.

(2) Documents from January 1, 2012, to the present concerning the number of voters removed from the official voter registration list through any of the processes encompassed in Request Number 1, including a numerical break-down of the total voters removed, by reason for removal from the rolls; county of residence; and race if applicable.

(3) Documents listing the voters removed from the official voter registration list through any of the processes encompassed in Request Number 1, including each removed voter's address, date of registration, date of cancellation, race if available, the reason for the voter's removal, the voter's state-issued "Voter Identification" number (if applicable), and any other contact information, excluding only that information that is required to be redacted pursuant to OPRA.

(4) Documents from January 1, 2012, to the present concerning the number of notices sent in total in your county to individuals pending removal for any reason, including, but not limited to, a suspected change in address, pursuant to 52 U.S.C. § 20507.

(5) Documents listing the voters in your county who were sent confirmation notices pending removal as described in Request Number 4, including each voter's address, date of registration, date of notice, race if available, the voter's state-issued "Voter Identification" number (if applicable), any other contact information, the reason for the notice, and the reason for the voter's removal.

In accordance with OPRA, we look forward to receiving a response to this request within seven business days. If you determine that any portion of the requested materials are exempt from release, please redact only that which you believe is exempt and provide the remaining, non-exempt portions. *See N.J.S.A.* 47:1A-5(g). Also, please send us the required index detailing the specific exemptions that justify each redaction or withheld document. *See Paff v. NJ. Dep 't of Labor*, 392 *N.J. Super.* 334, 341 (App. Div. 2007).

Please send these records to ebarocas@aclu-nj.org as PDF files by e-mail, which ordinarily are free pursuant to OPRA. See N.J.S.A. 47:1A-5(b). If you are unable to forward the records by email, please provide the proposed charge for our review pursuant to N.J.S.A. 47:1A-5(c) if the

charges will exceed $25. If the cost will not be greater than that amount, please proceed without further approval and send us an invoice with the records.

Thank you for your attention to this matter and for your assistance. If you have any questions, please feel free to contact us.

Sincerely,

Ed Barocas

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Derek MI E Last Name Bedarf

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature Derek Bedarf Digitally signed by Derek Bedarf DN: cn=Derek Bedarf, o, ou, email=dbedarf@gmail.com, c=US Date: 2017.08.08 13:49:15 -04'00' Date 08/08/17

Payment Information

Maximum Authorization Cost $ 20.00

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.

I would like to request all permits filed (active, completed, expired, pending, etc.) of the property at:

8 Marion Ave
Franklin Park, NJ 08823

FRANKLIN TWP
Block 37.03
Lot 38

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 ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

due 8/8/17

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Sergio MI _____ Last Name Bichao

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature _____ Date 10/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

— Operations/Incident Reports filed by jail staff detailing assault incidents involving jail offenders vs. staff in 2016 and to-date in 2017.

—Additionally, Operations/Incident Reports regarding any incident filed by Roger Ridley for the years 2015, 2016 and to date in 2017.

— Use-of-force reports filed by Roger Ridley for the years 2015, 2016 and to-date in 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

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

AGENCY USE ONLY

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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

Health Dept

O P&A

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Robert MI ____ Last Name Boak

E-mail Address boaklaw@centurylink.net

Mailing Address PO Box 487

City Whitehouse State NJ Zip 08888

Telephone (908) 534-0778 FAX (908) 534-0788

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

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

Signature _____ Date 10/6/2017

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.

SOMERSET COUNTY HEALTH DEPT. - Block 390/Lot 13, 37 Deerfield Road, Franklin Township. Any information regarding closure of septic system when property connected to public sewer system (1960+-?)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Carl Jayson

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Robert MI J. Last Name Bowers SBI# 170759-B

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail X 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 (*HAVE*) / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Robert Brown Date Sept. 30, 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.

Request 'Partial Discovery' items: (State v. Bowers, 96-08-00288-I) Part I

* Search Warrant application & Affidavit for search warrant;
* All surveillance photos as well as all surveillance log reports;
* Surveillance report for 1/03/96 of defendant Bowers en route to see his parole officer;
* The Premis Gwen Arrest report of Charles L. Brown, Sr;
* Charles L. Brown, Sr. PTA Agreement as well as his factual account (Allocution) provided in transcript form before sentencing Judge. (Continued)

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

OCT - 5 2017

Custodian Signature ____ Date ____

Carl Taylor

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

SBI 170759-B

First Name Robert MI S Last Name Bowers

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail X 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 Robert Bowers Date Sept. 29, 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.

Request 'Partial Discovery' items: (State v. Bowers, 96-08-00258-I) Part II

* Discovery 'Transmittal cover letter' - items listed within Discovery turned over to defendant.
* The arrest Report of Charles L. Brown JR. stemming from the false Carjacking charge on January 03, 1996. (Note: This Request seeks to obtain the Reports/Booking sheets of the occupants, Carl Edwards, Tony Brown and another person whom were all arrested and charged in said matter.)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Michael MI W Last Name Boyle

E-mail Address mboyle@icinj.com

Mailing Address 208 Lenox Avenue, Suite 302

City Westfield State NJ Zip 07090

Telephone 908-578-6396 FAX 98-543-1100

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 Michael W Boyle Date August 4, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash [X] 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 the Somerset County Jail file specific to Jaquan Williams an inmate at the Somerset County Jail DOB 09/21/1993. On or about January 11, 2017, Mr. Williams, while an inmate at the jail died. Please provide an accurate and complete copy of the files related to Mr. Williams incarceration and death, exlcuding those not allowed by the ORPA statute.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8/15/17

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Dan MI R Last Name Bracey

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [redacted] Date 9/22/10

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.

All files pertaining to environmental spills remediation, investigation, permitting, deed notices, etc. for the subject site.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

BOROUGH OF SOMERVILLE

OPEN PUBLIC RECORDS ACT REQUEST FORM

25 West End Avenue, Somerville, NJ 08876
Phone 908-725-2300 x 1983
KSluka@SomervilleNJ.org
Kevin Sluka – Clerk/Administrator

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 Jennifer MI M Last Name Bruder

E-mail Address jennifer.bruder@nrglawfirm.com

Mailing Address 505 Main St Suite 217

City Hackensack State NJ Zip 07601

Telephone 201-831-1405 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 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.

All permits, applications, records, & all documents in the possession of the Building Department, Construction Department, Zoning Department, and/or Health Department related to 19 East Brown St (Lot 9 Block 104

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

No records found for this property

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Nicole MI A Last Name Budzek

E-mail Address nbudzek@tridentenviro.com

Mailing Address 1856 Route 9

City Toms River State NJ Zip 08755

Telephone 732-818-8699 FAX 732-818-3744`

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 Nicole Budzek Date 10/31/2017

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.

Property Information: 59 Fox Chase Run (Fox Hollow Golf Club) Block 5.11, Lot 2 Branchburg Twp., Somerset Co., NJ

Health Department/Environmental Division: Please search records for the years 1950 to present:

-Deed Notice or restrictions associated with the property
-Reports/complaints of environmental contamination of soil, groundwater, surface water, or well permits and septic system inspections/report
-Fire Official: Records of tank removal, storage of hazardous substances and petroleum products and hazardous material responses

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Erica MI D Last Name Burkert

E-mail Address inspections@activeviewhdi.com

Mailing Address 1601 West Diehl Road

City Naperville State IL Zip 60563

Telephone 630-305-2117 FAX 800-724-9178

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

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

Signature _____ Date 10/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

We are searching for food safety inspections for the following locations:

1. ABIS: 100 North 13 Ave, Manville - We are searching for any inspections conducted after 02/11/2016.
2. Manville High: 1100 Brooks Blvd, Manville - We are searching for any inspections conducted after 02/11/2016.
3. Roosevelt Elementary: 410 Brooks Blvd, Manville - We are searching for any inspections conducted after 02/11/2016.
4. Weston Elementary: 600 Newark Ave, Manville - We are searching for any inspections conducted after 02/11/2016.
5. Moe's Southwest Grill: 120 Cedar Grove Ln, Somerset - We are searching for any inspections conducted after 05/12/2016.
6. Moe's Southwest Grill: 177 Washington Valley Rd, Warren - We are searching for any inspections conducted after 07/12/2016.
7. Popeye's: 20 North Main, Manville - We are searching for any inspections conducted after 07/05/2016.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Jackie MI O Last Name Cardona

E-mail Address jackie@jcofficeconsultants.com

Mailing Address 83 Washington Valley Road

City Warren State NJ Zip 07059

Telephone 9085815161 FAX

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

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

Signature Jackie Cardona Date August 29.2017

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.

REGARDING PROPERTY: 242 Union Avenue - Somerville, NJ 08876

1) We would like a copy of all old and open permits on said property
2) We would like infrmation on any legal issues concerning said property
3) We would like information on any flood reports or incidents involving property
4) We would like reports on any Legal disutes concerning property
5) We would like a copy of property tax maps and easments if any

No records found for this property

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Deirdre MI _____ Last Name Casey

E-mail Address dcasey@langan.com

Mailing Address 989 Lenox Drive

City Lawrenceville State NJ Zip 08648

Telephone (609) 282-8083 FAX (609) 282-8001

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 11/2/2017

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.

Langan is performing a Phase I Environmental Site Assessment for the property located at 33 Claremont Road (Block 71, Lot 4) in Bernardsville, NJ. We are requesting Building, Tax, Health, Fire and Zoning Department records associated with the history and environmental integrity of the referenced site including but not limited to above/underground storage tanks, hazardous wastes/substances, septic tanks, spills/releases, etc. Thank you.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Kathleen MI M Last Name Casey

E-mail Address FOIA@americanbridge.org

Mailing Address 455 Massachusetts Ave NW, Suite 650

City Washington State DC Zip 20001

Telephone 202-370-1327 FAX 202-315-0384

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

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 08/15/2017

Payment Information

Maximum Authorization Cost $ 75.00

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.

Expenses Incurred By The Somerset County Sheriff's Department For Security Provided To President Trump And/or His Family And/or Trump National Golf Club From June 1, 2017, Through August 15, 2017. I am requesting a list of expenses incurred by the Somerset County Sheriff's Department for security provided to President Trump and/or his family and/or to the Trump National Golf Club from June 1, 2017, through August 15, 2017. The expenses should include overtime expenses, portal-to-portal hours and expenses, daily uniformed costs, costs for civilian TEA's.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

8/22/17
2-

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 MARIO MI ____ Last Name CENTENO

E-mail Address RESEARCH @ SYNAPTIXTECH.COM

Mailing Address 10151 UNIVERSITY BLVD. STE. 317

City ORLANDO State FL Zip 32817

Telephone 407-637-2404 FAX 407-637-2404

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 MA Date 8/24/17

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.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

whom it may concern,

I am writing you to formally request the following public record(s):

- *2016 & 2015 Employee Compensation Data in bulk format*

Salary Data Example:
Fiscal Year | Position # | Last Name | First Name | Middle Name/Initial | Race | Gender | Location of Work City/State | Agency | Department | Job Title | Compensation (base pay, hourly rate, salary, overtime, etc.) | Pay Basis (Hourly, Annually, etc.) | Benefits Pay | Date Hired | Date Terminated | Full-time/Part-time | Jurisdiction

Note: If not all fields in example are releasable as public record or available please disregard those individual fields for this request but provide all other fields in this request that are releasable.

I would prefer the request be filled electronically, by either e-mail attachment or FTP Download if available, otherwise sent through mail via CD/DVD. I would appreciate the request to be filled in an accessible format, including but not limited to: CSV, Excel, Microsoft Access database, or other bulk list file type.

The requested data will be made available to the public free of charge and will not be used for commercial solicitation purposes.

In the event that fees for personnel time and materials can not be waived, I would be grateful if you would inform me of the total charges in advance of fulfilling my request.

Please let me know if you have any questions or concerns.

Very Respectfully,

Mario Centeno
Research Division
Synaptix Technology
Office/Fax: (407) 637-2404
research@synaptixtech.com

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Lauren MI ____ Last Name Charles

E-mail Address LCharles@edisonresearch.com

Mailing Address 6 West Cliff St

City Somerville State NJ Zip 08876

Telephone 908-707-4707 FAX 908-707-4740

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

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

Signature [signature] Date 9/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Voter registration totals by Dem, Rep, and unaffiliated etc for the following precincts: Franklin W5 D49, Franklin W5 D50, Franklin W5 D51, Hillsborough D3, Hillsborough D10, Hillsborough D15, Hillsborough D21, Hillsborough D24, Hillsborough D28, Hillsborough D29, Hillsborough D32 and Hillsborough D26.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

Sep. 15. 2017 6:03PM

Jr Cochran (CHS)

OPRA

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Matthew MI T. Last Name Clark, Esq.

E-mail Address mclark@msmlaborlaw.com

Mailing Address 555 U.S. Highway One South, Suite 320

City Iselin State NJ Zip 08830

Telephone (732) 636-004 FAX (732) 636-5705

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 Sept. 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.

Kindly provide, via e-mail to mclark@msmlaborlaw.com if possible, copies of the current or most recent collective negotiations agreement between the County of Somerset and all corrections officers employed by the County.

Thank you.

due 9/27

SEP 18 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 _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Laura MI M Last Name Clifford

E-mail Address lclifford@envrio-sciences.com

Mailing Address 781 Route 15S, 2nd Floor

City Lake Hopatcong State NJ Zip 07849

Telephone 973-398-8183, ext. 221 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 11/03/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

**preferred delivery pending on what is found and turnaround time. Records requested associated with 12 Holland Avenue, Peapack, Block 20, Lot 11 as part of an environmental assessment. Records being requested:

1. Clerk - Correspondence
2. Tax Assessor - Tax cards (current & historic), deeds (current & historic), correspondence
3. Building Department - Building permits, certificates of occupancy, correspondence
4. Health - Right to Know filings, information on former septic systems or water wells, environmental complaints or violations, permits, correspondence
4. Fire Prevention - Right to Know filings, inspections, correspondence
5. Planning - Site Plans, correspondence

Thanks

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature Date

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 George MI T Last Name Currier

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash ☑ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Would you please provide Health Dept., Construction/Building dept., Planning/Zoning Dept., and Fire Dept. records for 24 Olcott Street in Somerset? Records request is for due diligence purposes. Specifically, we are looking for:
Permits for installation or decommissioning of drinking water wells or septic systems;
Underground storage tanks, aboveground storage tank related documents (permits, installation, abandonment, or removal);
Historical use and planning/zoning information;
Building/construction permits and site plans;
Fire/hazardous materials records;
Records regarding violations or inspections; Documentation related to environmental investigations, remediation, or environmental restrictions at the property (CEA, Deed Notice, etc.).
Preferred delivery method is electronic (email). If not feasible, we can inspect records on site.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Antonio MI _____ Last Name DeCicco

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail X 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 September 19, 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.

Hello. I am the property owner of 417 Talmage Avenue, Bound Brook. On or about July 1st, there was a water main break on Talmage, directly in front of my property, middle of the road. There was work going on several weeks before in support of a water main upgrade to Hardy. The fire hydrant was also moved. The break caused flooding of the basement at 417 Talmage and to that of 5 other homes that I know of. To mitigate risk of mold and its impact on the tenants, I had the basement professionally remediated by Norteast PowerDry.

To support my appeal to the water company insurance agencys denial of claim for cleanup, I need all permit requests for work on Talmage for the past six months that would have had anything to do with the water main itself or disturbing of the surrounding ground adjacent to it.

Thanks for your help.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

William J. Garces
William N. Grabler ●
Lawrence A. LeBrocq, LL. M. ★□

Alan T. Grening ■□
Jonathan A. Kessous ◆♣◊
Arlindo B. Araujo □◆
Gary A. Cavalli
Pasquale O. Vella
Thomas M. Nicely □
Joseph T. Delgado
Michelle M. Tullio
Jared A. Geist
Ileana J. Montes
David E. Rehe ◆
Anna M. Buontempo ◆
Robert B. White, III □
Nicholas L. Krochta
Genevieve G. Redd □◆
Michael D. Pomerantz □
Matthew V. Futerfas
Mena R. Francis

Paul A. O'Connor III – Of Counsel ★

■ Member DC Bar
□ Member PA Bar
◆ Member NY Bar
● Certified by The Supreme Court of New Jersey as a Workers' Compensation Law Attorney
★ Certified by The Supreme Court of New Jersey as a Civil Trial Attorney

GARCES, GRABLER & LEBROCQ
A PROFESSIONAL CORPORATION

415 WATCHUNG AVENUE
PLAINFIELD, NJ 07060

908.368.8004 Direct Dial
908.834.2706 Fax

www.garcesgrabler.com

Se habla Español

Elizabeth, N.J. 07207
(908) 436-8001
(908) 436-0002 Fax

6 Throckmorton Street
Freehold, N.J. 07728
By Appointment Only
(732) 414-5000
(732) 414-5001 Fax

235 Livingston Avenue
New Brunswick, N.J. 08901
(732) 249-1300
(732) 220-1555 Fax

20 Green Street
Newark, N.J. 07102
(973) 848-0500
(973) 848-1601 Fax

502 Amboy Avenue
Perth Amboy, N.J. 08861
(732) 826-2300
(732) 826-4027 Fax

253 E. Front Street
Trenton, N.J. 08611
(609) 393-0700
(609) 393-8581 Fax

325 South River Street
Hackensack, NJ 07601
(201) 857-8100
(201) 857-8101 Fax

Reply to: Plainfield

August 8, 2017

County of Somerset
20 Grove Street
P.O. Box 3000
Somerville, NJ 08876

Re: Our Client: Karen E. Carino-Ostorva
D/A: 2/26/2015
Accident Location: Bridgewater Commons Mall, Bridgewater, NJ
Our File No.: 272415

Dear Sir/Madam:

This firm represents Ms. Karen E. Carino-Ostorva in connection with injuries sustained as a result of a fall down accident that occurred at Bridgewater Commons Mall, Bridgewater, NJ. In accordance with instructions supplied by Officer Vic from the Bridgewater Police Department and N.J.S.A. 47:1A-1 et seq, the Open Public Records Act ("OPRA"), you are hereby requested to provide true and exact copies of any and all records identified in the attached Rider.

Thank you for your anticipated courtesies.

Very truly yours,
GARCES, GRABLER & LEBROCQ, P.C.

JOSEPH T. DELGADO, ESQ.
For The Firm

JTD/cl
Encls.

COUNTY OF SOMERSET

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Joseph MI T Last Name Delgado, Esq.

E-mail Address clabrie@garcesgrabler.com

Mailing Address 415 Watchung Avenue

City Plainfield State NJ Zip 07070

Telephone 90/-368-8004 FAX

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

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 8-11-17

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.

See attached Rider.

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 ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RIDER

Any and all records of any kind, type, or description that relate to the, response to, and investigation of, fall down incident that occurred on February 26, 2015at the entrance of Bridgewater Commons Mall near the movie theater, Bridgewater, New Jersey. The records that are requested include, but are not limited to:

1. Tapes of any 911 calls;
2. Copies of any CAD reports;
3. Dashboard cameras obtained on any patrol car that responded to the scene;
4. Scene Photographs;
5. Reports;
6. Statements of any witnesses;
7. All reports prepared by the Police Department;
8. Copies of any summons issued.

GARCES, GRABLER & LEBROCQ
A PROFESSIONAL CORPORATION

415 WATCHUNG AVENUE
PLAINFIELD, NJ 07060

908.368.8004 Direct Dial
908.834.2706 Fax

www.garcesgrabler.com

Se Habla Español

September 26, 2017

Via Facsimile Only – 908-526-2589
Attn: David Frauenheim, Director
911 Communications Center
County of Somerset
20 Grove Street
P.O. Box 3000
Somerville, NJ 08876

Re: Our Client: Karen E. Carino-Ostorva
D/A: 2/26/2015
Accident Location: Bridgewater Commons Mall, Bridgewater, NJ
Our File No.: 272415

Dear Mr. Frauenheim:

This firm represents Ms. Karen E. Carino-Ostorva in connection with injuries sustained as a result of a fall down accident that occurred at Bridgewater Commons Mall, Bridgewater, NJ. In accordance with instructions supplied by Officer Vic from the Bridgewater Police Department and N.J.S.A. 47:1A-1 et seq, the Open Public Records Act ("OPRA"), you are hereby requested to provide true and exact copies of any and all records identified in the attached Rider.

Thank you for your anticipated courtesies.

Very truly yours,
GARCES, GRABLER & LEBROCQ, P.C.

Joseph T. Delgado

JOSEPH T. DELGADO, ESQ.
For The Firm

JTD/cl
Encls.

From:
OPRA

09/26/2017 15:40 #570 P.003/006

Dave Frauenheim

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Joseph MI T Last Name Delgado, Esq.

E-mail Address clabrie@garcesgrabler.com

Mailing Address 415 Watchung Avenue

City Plainfield State NJ Zip 07070

Telephone 90/-368-8004 FAX

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

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 8-11-17

9/26/17 fee date per letter

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.

See attached Rider.

RECEIVED
SEP 27 2017
SOMERSET COUNTY

due 10/6

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RIDER

Any and all records of any kind, type, or description that relate to the, response to, and investigation of, fall down incident that occurred on February 26, 2015 at the entrance of Bridgewater Commons Mall near the movie theater, Bridgewater, New Jersey. The records that are requested include, but are not limited to:

1. Tapes of any 911 calls

TOWNSHIP OF BRIDGEWATER

OPEN PUBLIC RECORDS ACT REQUEST FORM

Linda Doyle, RMC
Township Clerks' Office
100 Commons Way
Bridgewater, NJ 08807
Phone 908-725-6300 ext 5025
Fax 908-707-1235
bwtclerk@bridgewaternj.gov

Request # _____

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 Joseph MI T Last Name Delgado

E-mail Address clabrie@gracesgrabler.com

Mailing Address 415 Watchung Avenue

City Plainfield State NJ Zip 07060

Telephone 908-368-8004 FAX 908-834-2706

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

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

Signature [signature] Date 10-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

See attached Rider.

RIDER

Any and all records of any kind, type, or description that relate to the, response to, and investigation of, fall down incident that occurred on February 26, 2015 at the entrance of Bridgewater Commons Mall near the movie theater, Bridgewater, New Jersey. The records that are requested include, but are not limited to:

1. Tapes or logs of any 911 calls

William J. Garces
William N. Grabler ●
Lawrence A. LeBrocq, LL. M. ★□

Alan T. Grening ■□
Jonathan A. Kessous ◆♣◊
Arlindo B. Araujo □◆
Gary A. Cavalli
Pasquale O. Vella
Thomas M. Nicely □
Joseph T. Delgado
Michelle M. Tullio
Jared A. Geist
Ileana J. Montes
David E. Rehe ◆
Anna M. Buontempo ◆
Robert B. White, III □
Nicholas L. Krochta
Genevieve G. Redd □◆
Michael D. Pomerantz □
Matthew V. Futerfas
Mena R. Francis

Paul A. O'Connor III – Of Counsel ★

■ Member DC Bar
□ Member PA Bar
◆ Member NY Bar
● Certified by The Supreme Court of New Jersey as a Workers' Compensation Law Attorney
★ Certified by The Supreme Court of New Jersey as a Civil Trial Attorney

GARCES, GRABLER & LEBROCQ
A PROFESSIONAL CORPORATION

415 WATCHUNG AVENUE
PLAINFIELD, NJ 07060

908.368.8004 Direct Dial
908.834.2706 Fax

www.garcesgrabler.com

Se habla Español

2 South Broad Street
Elizabeth, N.J. 07202
(908) 436-0001
(908) 436-0002 Fax

6 Throckmorton Street
Freehold, N.J. 07728
By Appointment Only
(732) 414-5000
(732) 414-5001 Fax

235 Livingston Avenue
New Brunswick, N.J. 08901
(732) 249-1300
(732) 220-1555 Fax

20 Green Street
Newark, N.J. 07102
(973) 848-0500
(973) 848-1601 Fax

502 Amboy Avenue
Perth Amboy, N.J. 08861
(732) 826-2300
(732) 826-4027 Fax

253 E. Front Street
Trenton, N.J. 08611
(609) 393-0700
(609) 393-8581 Fax

325 South River Street
Hackensack, NJ 07601
(201) 857-8100
(201) 857-8101 Fax

Reply to: Plainfield

October 10, 2017

County of Somerset
20 Grove Street
P.O. Box 3000
Somerville, NJ 08876

Re: Our Client: Ana M. Romero
Date of Loss: 1-18-2015
Our File No.: 272034

Dear Sir or Madam:

This firm represents Ms. Ana M. Romero in connection with injuries sustained as a result of a fall down accident that occurred at 260 Davidson Avenue, Somerset, New Jersey.

In accordance with N.J.S.A. 47:1A-1 et seq, the Open Public Records Act ("OPRA"), you are hereby requested to provide true and exact copies of any and all records identified in the attached Rider.

Thank you for your anticipated courtesies.

Very Truly Yours,
GARCES, GRABLER & LEBROCQ, P.C.

JOSEPH T. DELGADO, ESQ.

JTD/mc
Encls.

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Joseph MI T Last Name Delgado

E-mail Address jdelgado@garcesgrabler.com

Mailing Address 415 Watchung Avenue

City Plainfield State NJ Zip 07060

Telephone 908-368-8004 FAX 908-834-2706

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 9-29-17

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.

Please see attached.

SEP 13 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 _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

RIDER

All of the following requests relate to the property located at 260 Davidson Avenue, Somerset, New Jersey (hereafter "the property").

1. **The name and address of the property owner.**

2. **True and exact copies of any and all records of any kind, type, or description which identify the properties' authorized use, i.e. residential or commercial.**

3. **True and exact copies of the property tax card or other records identifying and describing the property; the name and address of all owners; the status of payments of property taxes; its legal description; permitted uses, i.e., one family, two family, and the year was built;**

4. **True and exact copies of any and all records of any kind, type, or description of any records which indicate whether the property is described as rental property and, if so, the number of authorized rental units permitted.**

5. **True and exact copies of any and all records of any kind, type, or description that pertain to and evidence any inspections of the property performed by any agent, servant, or representative of any department or agency of the municipality including, but not limited to, the building, construction, code enforcement, fire, police or property maintenance departments.**

6. **True and exact copies of any and all letters, notices, summons, citations, tickets, or directives of any kind, type, or description whereby any current or prior owner of the property was found in violation of any State or City ordinances relating to the condition or maintenance of the property and/or the sidewalk abutting said property.**

7. **True and exact copies of any and all records of any kind, type, or description that relate to any applications for the issuance of any construction permits and/or copies of any and copies of any permits issued in response thereto.**

8. **True and exact copies of any Certificates of Occupancy issued by the municipality or any departments thereof.**

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 j Last Name Derwin

E-mail Address James.j.Derwin@wellsfargo.com

Mailing Address Wells Fargo Home Mortgage I 1 Home Campus

City West Des moines State IA Zip 50328

Telephone 515-446-5580 FAX 866-512-0757

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

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 09/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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.

Do we have any fines or liens to pay for the property at 632 BOESEL AVENUE, MANVILLE, NJ 08835?
Are we violation free at 632 BOESEL AVENUE, MANVILLE, NJ 08835?

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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AGENCY USE ONLY

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Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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

Requestor Information – Please Print

First Name Anthony MI J. Last Name Dezenzo

E-mail Address anthony.dezenzo@kennedyscmk.com

Mailing Address Kennedys CMK, LLP, 120 Mountain View Boulevard, P.O. Box 650

City Basking Ridge State New Jersey Zip 07920

Telephone 908-848-1221 FAX 908-848-6310

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

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 Anthony Dezenzo Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please provide the complete file documents pertaining to the Stop & Shop, located at 940 Easton Avenue, Somerset, New Jersey, County of Somerset, including but not limited to:

1. Any and all temporary, amended and final construction permits;
2. Any and all temporary, amended and final Certificates of Occupancy;
3. Any and all building plans, architectural drawings and specifications for the subject property;
4. Any and all contracts pertaining to the subject property;
5. Any and all property inspection reports;
6. Any and all property warranties;
7. Any and all documents referring and/or relating to "line striping" performed at the subject property; and
8. Any and all other documents concerning construction, renovation and other work performed at the subject property.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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AGENCY USE ONLY

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Total Pages _____

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Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
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Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Bareld MI J Last Name Doedens

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature ____ Date October 24th, 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 would like to get copies of the permitting and approvals for the well on my property at the above mentioned address (block 6, lot 36 in Far Hills NJ 07931).

Specifically, the depth, the diameters of the various pipes as well as the specifications of the pump used, as well as the stack.

In essence, as much information as you have regarding our well.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Walter Dare – Carl Taylor

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Lynne MI A Last Name Dunn, Esquire

E-mail Address ldunn@hdslaw.net

Mailing Address 64 Washington Street

City Toms River State NJ Zip 08753

Telephone 732-349-1212 FAX 732-349-1217

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

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

Signature _____ Date August 24, 2017

LYNNE A. DUNN, ESQUIRE

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 copies of any and all Resolutions of Approval adopted by the Somerset County Planning Board for premises known as 180 Washington Valley Road, Block 72, Lot 3.01, Bedminster, New Jersey.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Tracking # _____
Rec'd Date _____
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Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Edward MI C. Last Name Eastman

E-mail Address eeastman@demlplaw.com

Mailing Address New Jersey Land Title Association, 100 Willow Brook Road, Suite 100

City Freehold State NJ Zip 07728

Telephone 732-462-7170 FAX 732-810-1537

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

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

Signature _____ Date 8-18-2017

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash ☐ Check ☑ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

For each month in 2014, 2015 and 2016 a copy of the monthly accounting pursuant to N.J.S.A. 22A:4-7 due by the 15th day of the following month by the County Clerk to the County Treasurer setting forth all fees and costs received for official acts or services; and, if available, a listing of (A) each document type that generated the filing fees received; and (B) the quantity of the document type that was recorded.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Eric MI D Last Name Emery

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [signature] Date 9/8/2017

Payment Information

Maximum Authorization Cost $ 40.00

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.

I am interested in reviewing any and all information on file related to 24 Cortelyous Lane, Somerset, NJ 08873, specifically: 1) building/zoning/construction permits, 2) environmental investigation reports and permits, 3) private potable well testing act (PWTA) results and reports, 4) tax liens or any other liens on the property, 5) heating oil tank installation, reports, and permits, and 6) drinking/monitoring/industrial well installation records.

rec'd 9/11/19 due 9/20

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Jerry Mitzetta

Kathye Quick

From: Naji Filali <nfilali@percipientstrategies.com>
Sent: Friday, August 04, 2017 8:34 AM
To: ElectionBd
Cc: Kathye Quick
Subject: OPRA Request

To Whom It May Concern:

This is a request under the Open Public Records Act (OPRA).

I request any and all voter registration records and election voting history for the following current or formerly registered voters of Somerset County: Alexander Avellan (Basking Ridge, NJ), Shanel Robinson (Somerset, NJ), and Steve Peter (Somerville, NJ). If possible, I request electronic delivery of all files to naji.filali@gmail.com.

Please reach out with any questions or concerns pertaining to my OPRA request.

Thank you,
Naji Filali

--
Naji Filali
Partner
Percipient Strategies LLC
percipientstrategies.com
Mobile: (845) 709-4983

Rec'd 8/4
Jerry 8/18

BOROUGH OF SOMERVILLE

OPEN PUBLIC RECORDS ACT REQUEST FORM

25 West End Avenue, Somerville, NJ 08876
Phone 908-725-2300 x 1983
KSluka@SomervilleNJ.org
Kevin Sluka – Clerk/Administrator

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 Robert MI J Last Name Foley

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

LOT 1.2 BLOCK 27
UNION AVENUE

Please provide a copy of:

1. Current Property Record Card of Tax Assessor
Please provide copies of the following from **January 1, 1970** to present:
2. Open and Closed Building, Plumbing, Electrical and Structural Permits
3. Board of Adjustment Resolutions
4. Planning Board Resolutions
5. Board of Health Records
6. Any Zoning Violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Kathye Quick

From: [redacted]
Sent: Friday, August 11, 2017 10:47 AM
To: [redacted]
Subject: FW: OPRA follow up

From: [redacted]
Sent: Thursday, August 10, 2017 4:15 PM
To: [redacted]
Cc: [redacted]
Subject: RE: OPRA follow up

[redacted]

From: [redacted]
Sent: Thursday, August 10, 2017 1:05 PM
To: [redacted]
Cc: [redacted]
Subject: FW: OPRA follow up

[redacted]

From: Ford, Andrew [mailto:aford3@gannettnj.com]
Sent: Thursday, August 10, 2017 12:46 PM
To: [redacted]
Subject: OPRA follow up

Good morning,

I'm following up on an ORPA request filed on 7/27, the text of which is below. We'd like to narrow this request to use of force incidents in which police used deadly force.

Please forward the responsive records.

Sincerely,

Andrew Ford
Reporter

.ews
ɔ-4281
.inett.com

following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law
ɔehalf of the USA Today Network and the Asbury Park Press, a daily newspaper of general circulation.
ɜse confirm receipt of this request. Please include "Use of Force OPRA request" and the name of your
ncy in the subject line of all email correspondence.

1. Use of Force reports received by the prosecutor's office from 2010 to the date of this request from agencies within the prosecutor's office jurisdiction.
2. Annual summary reports on use of force by law enforcement officers within the prosecutor's office jurisdiction from 2010 to the date of this request.
3. Electronic data on use of force by law enforcement officers aggregated from use of force reports received by the prosecutor's office from 2010 to the date of this request, including: time, date, day of week, location, incident number, type of incident, officer name, badge number, sex, race, age, whether the officer was injured or killed, rank, duty assignment, years of service, on-duty status, uniform status, subject names, sex, race, age, weapon, under the influence or other unusual condition, arrested, charges, whether the subject was injured or killed, subject's actions, officers use of force, name of the supervisor who signed the report and date it was approved.

ɪse see New Jersey Supreme Court decisions North Jersey Media Group v. Lyndhurst and John Paff v.
oway Township.

ask that you release records as each becomes available for public disclosure. Please do not temporarily
hold one record that has been approved for public disclosure because you require additional time to review
ɾs.

ask that these records be provided electronically and sent by e-mail (aford3@gannett.com) or through a
d-based file storage system such as DropBox. An upload link can be provided.

respectfully request that any fees be waived since the records will be used for newsgathering purposes
ultimately released to the public in some form to shed light on the operations of government. If the agency
ɛcts to require payment for copies, record location or other elements of the request, please provide a fee
nate before proceeding so that I may weigh the cost and consider my options.

ɜ agency claims any portion of the above public records are exempt from disclosure under the law, in
ŋg please (1) identify which portion or portions it claims are exempt and the legal provisions it contends
y; (2) set forth the reasons for its conclusion that such portion or portions are exempt; and (3) release the
ɜinder of such records, redacting only the portion or portions it claims are exempt.

ŋks for your time and consideration. If you have any questions, please feel free email or call.

erely,

ew Ford
643-4281
ɔrter
ɪdrewFordNews
l3@gannett.com

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Nicholas MI _____ Last Name Fottis

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature [signature] Date (/1/2017

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 requesting the permits and certificate of proper disposal of residence property oil tank performed prior to 2001.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
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20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
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website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name Robert MI _____ Last Name Fullagar

E-mail Address RFullagar@middlesexwater.com

Mailing Address 1500 Ronson Rd.

City Iselin State NJ Zip 08830

Telephone 732-638-7537 FAX _____

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

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

Signature [signature] Date 8-17-17

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.

As part of a source water vulnerability assessment being conducted in partnership with Corona Environmental Consulting, Middlesex water is collecting records of facilities in its watershed that report information under the Emergency Planning and Community Right to Know Act (EPCRA) and NJ Worker and Community Right to Know Act (CRTK). We have attached to our request a list of facilities in Somerset County that report information under EPCRA and CRTK. In accordance with 42 U.S.C. §116-11022(e)(3) and N.J.S.A. 34:5A-22, for each facility on the list we have provided, we request access to the completed EPCRA tier II emergency and hazardous chemical inventory forms submitted by these facilities under EPCRA or CRTK.

The requested infromation will play a crucial role in helping Middlesex Water staff plan for and respond to future spill or other contamination events. Electronic tier II data are preferred, and data available electronically may be emailed to be at the address provided above. If any data are only available as hard copy, these may be mailed to me at the physical address provided above.

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

Deposit Date _____

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In Progress - Open _____
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Filled - Closed _____
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Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name John MI ____ Last Name Gaffney

E-mail Address jgaffney@huestonmcnulty.com

Mailing Address Hueston McNulty, P.C., 256 Columbia Turnpike, Suite 207

City Florham Park State NJ Zip 07932

Telephone 973-377-0200 FAX 973-377-6328

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 August 9, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

1. Verification of the speed limit on July 11, 2015 on northbound South Middlebush Road at the intersection of Verrazano Drive in Franklin, NJ.
2. Verification of all traffic control sign(s) present between January 1, 2010 and August 1, 2015 on northbound South Middlebush Road between Route 27 and Verrazano Drive in Franklin, NJ.

AGENCY USE ONLY

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

Deposit Date ____

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In Progress	-	Open	____
Denied	-	Closed	____
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Tracking Information

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Rec'd Date ____
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Total Pages ____

Final Cost

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

due 8/21

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
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Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name Sergio MI A Last Name Geralds

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/18/2017

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 would like a copy of my divorce decree which was submitted in 2004 (not sure of exact date).

The parties are:
Sergio Alves Geralds and Adrienne (Stack) Geralds
Mailing Address at the time: 1008 Walcutt Dr. Basking Ridge, NJ 07920

E-mail would be great: [redacted]

AGENCY USE ONLY

Est. Document Cost ____
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Total Est. Cost ____
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Estimated Balance ____

Deposit Date ____

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AGENCY USE ONLY

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Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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Kathryn Quick
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Requestor Information – Please Print

First Name James MI T Last Name Girvan

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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 _____ Date 10/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Requesting an 18x24 inch color plot of the Branchburg Township Election District map prepared by Somerset County GIS. I wish to be advised of the cost in order to make a determination for purchase.

AGENCY USE ONLY

Est. Document Cost
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eposit Date

AGENCY USE ONLY

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In Progress - Open
Denied - Closed
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Partial - Closed

AGENCY USE ONLY

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Balance Paid

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Custodian Signature

COUNTY OF SOMERSET
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Somerville, NJ 08876
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website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name Christopher MI J. Last Name Gonda

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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 Date 08/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☑ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I am requesting information from Public Health & Safety and Health Department regarding the septic system on a property that I am purchasing. I would like to know whether the septic tank was properly decommissioned or removed from the property before the previous owners began utilizing the public sewer system. Therefore I am requesting any permits or documentation related to its handling.

The address is 1 Dogwood Lane, Princeton, NJ 08540. According to our records it is BLOCK 14, LOT 19. Please note that while the property has a Princeton mailing address it is in-fact located in Franklin Township.

Thank you in advance.

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

Deposit Date

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Records Provided

Custodian Signature Date

COUNTY OF SOMERSET
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website www.co.somerset.nj.us
Kathryn Quick
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Requestor Information – Please Print

First Name Jeffrey MI D Last Name Gordon

E-mail Address jgordon@archerlaw.com

Mailing Address 101 Carnegie Center, 3rd Floor, Suite 300

City Princeton State NJ Zip 08540

Telephone 609 580 3700 FAX 609 580 0051

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 9/19/17

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 the 2013 (entire) assessment list in electronic format (Excel is preferred or in similar database format if Excel is not available) for Franklin Township, Somerset County, showing all available property data including but not limited to parcel numbers, addresses, owner names, and assessed values. Thank you.

due 9/28

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____
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AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Yvonne Childress

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name James MI R Last Name Gregory

E-mail Address jrgregory@nmmlaw.com

Mailing Address Norris McLaughlin & Marcus, P.A., 400 Crossing Blvd., 8th Floor

City Bridgewater State NJ Zip 08807-5933

Telephone 908-252-4150 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 [signature] Date August 4, 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.

Regarding the purchase or acquisition of property known as Blk 177 Lot 23.02, Blk 175 Lot 39.02, Blk 12 Lot 13, Hillsborough Twp. (the 'Property') by the Township of Hillsborough, Somerset County Improvement Authority, or other public entity and from Hillsborough Properties, LLC, or other entity or person, please provide the following:

All official action of Somerset County regarding the purchase or funding the purchase of the Property, including resolutions or motions to accept appraisals of the Property.

AGENCY USE ONLY

Est. Document Cost ___
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Est. Extras Cost ___
Total Est. Cost ___
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Estimated Balance ___
Deposit Date ___

AGENCY USE ONLY

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Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
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Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

NC'd 8/7/17

Custodian Signature ___ Date ___

due 8/21 2 8

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
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website www.co.somerset.nj.us
Kathryn Quick
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Requestor Information – Please Print

First Name George MI _____ Last Name Guzdek

E-mail Address bisonenv@aol.com

Mailing Address 89 Jennifer Lane

City Burlington State NJ Zip 08016

Telephone 267-278-1648 FAX _____

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

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

Signature George Guzdek Digitally signed by: George Guzdek DN: CN = George Guzdek email = bisonenv@aol.com C = US O = Bison Environmental, LLC Date: 2017.08.02 20:31:24 -05'00' Date 8/2/17

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.

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

Bison Environmental, LLC is performing a Phase 1 Environmental Site Assessment of the property located at 401 Route 22 in Raritan Borough (Block 41, Lot 5). We are requesting records of any underground storage tank installation or removal permits, any hazardous materials storage permits, or any hazardous materials releases at that site, if any such records exist.

AGENCY USE ONLY

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

Deposit Date _____

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Custodian Signature _____ Date _____

COUNTY OF SOMERSET
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First Name George MI _____ Last Name Guzdek

E-mail Address bisonenv@aol.com

Mailing Address 89 Jennifer Lane

City Burlington State NJ Zip 08016

Telephone 267-278-1648 FAX _____

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

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

Signature George Guzdek Digitally signed by: George Guzdek DN: CN = George Guzdek email = bisonenv@aol.com C = US O = Bison Environmental, LLC Date: 2017.08.07 18:39:10 -05'00' Date 8/7/2017

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.

Bison Environmental, LLC is performing a Phase 1 Environmental Site Assessment of the property located at 198 Route 206 in Hillsborough Township (Block 142, Lots 32.01 and 32.02). We are requesting records of any underground storage tank installation or removal permits, any hazardous materials storage permits, or any hazardous materials releases at that site, if any such records exist.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

OPRA

Dawn Fauerbach & Carl Taylor

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Lloyd MI _____ Last Name Haas

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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 [redacted] HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Lloyd Haas Date 9/25/17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please provide an exact copy of a report from Somerset County Communications for all EMS and Fire related calls (medical, fires, motor vehicle collisions, fire alarms, etc) in Hillsborough Township from June 4th, 2017 to September 25th, 2017 or the date of processing this request, whichever is later. The information sought is the call number, location, time received, time that RWJ was contacted for resources, EMS unit responding time, and disposition of call. Thank you.

due 10/5

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
SEP 26 2017

Custodian Signature Date

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Sheila MI ____ Last Name Innella

E-mail Address sinnella@whitmanco.com

Mailing Address Whitman, 7 Pleasant Hill Road

City Cranbury State NJ Zip 08512

Telephone 732-390-5858 FAX 732-390-9496

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 Sheila Innella Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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.

due 11/1

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

WHITMAN

Corporate Headquarters
7 Pleasant Hill Road
Cranbury, NJ 08512

Tel: 732.390.5858 • Fax: 732.390.9496
www.whitmanco.com

October 20, 2017

Ms. Katheryn A. Quick, Deputy Clerk, Board of Chosen Freeholders
County Administration Building
20 Grove Street
PO Box 3000
Somerset, New Jersey 08876

Email: FreeholdersOffice@co.somerset.nj.us

RE: Environmental Site Assessment
400 Apgar Drive (Block 517.01, Lot 3.17) and
500 Apgar Drive (Block 517.03, Lot 3.12)
Somerset (Franklin Township), Somerset County, New Jersey
Whitman Project No. 17-10-40T

Dear Ms. Quick:

Whitman is conducting an environmental assessment of the above-referenced property (Site), and is interested in reviewing associated Site files, ideally back to when the property was first developed, sometime between 1979 and 1987. Please distribute this letter and the attached Open Public Records Act (OPRA) request form to those departments likely to maintain files regarding the following items/matters at the Site:

- Hazardous materials/petroleum products
- Spills
- Violations
- Operator and ownership history
- Permits
- Underground/aboveground storage tanks
- Septic systems
- Wells
- Tax, title, and deed information
- Municipal Water/Sewer connection dates
- Natural gas connection date
- Construction drawings
- Water and Sewer Department/Authority

If you have any question or comments regarding this submittal, please do not hesitate to contact me at (732) 390-5858.

Sincerely,

Sheila Innella

Sheila Innella
Project Scientist II

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Sandra MI W Last Name Irwin

E-mail Address sandra.irwin@arcadis.com

Mailing Address 35 Columbia Road

City Branchburg State NJ Zip 08876

Telephone (908) 526-1000 FAX (908) 526-7886

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 Sandra W. Irwin Date 9/8/17

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.

Arcadis U.S. Inc. is conducting a Phase I Environmental Assessment of the property at 25 Mountainview Boulevard, Block 11301 Lot 4, Basking Ridge (Bernards Township)

Therefore, we are seeking records related to environmental investigations, permits, wells, septic systems, hazardous materials and petroleum storage, spills or other incidents, and other information on environmental conditions at the property as detailed on the attached list.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

Kathye Quick

From: [redacted]
Sent: Monday, October 16, 2017 10:13 AM
To: [redacted]
Cc: [redacted]
Subject: RE: OPRA Request - 100 Marketplace, 25 Mountainview Blvd, Basking Ridge
Attachments: 20171016100218765.pdf; OPRA 25 Mountainview.pdf

[redacted]

From: [redacted]
Sent: Tuesday, October 10, 2017 8:56 AM
To: [redacted]
Subject: RE: OPRA Request - 100 Marketplace, 25 Mountainview Blvd, Basking Ridge

[redacted]

From: Irwin, Sandra [mailto:Sandra.Irwin@arcadis.com]
Sent: Friday, October 06, 2017 10:22 AM
To: CEHA
Subject: OPRA Request - 100 Marketplace, 25 Mountainview Blvd, Basking Ridge

To whom it may concern:

Arcadis is conducting a Phase I Environmental Site Assessment of the property located at 25 Mountainview Boulevard, Block 11301 Lot 4, in Basking Ridge, Township of Bernards, New Jersey, and is therefore seeking records of an an environmental nature for the property as detailed on the attached request. We can provide the following details of the property owners/operators to clarify the request:

Property owner: 100 Marketplace LLC % Silbert Realty
Property address: 25 Mountainview Boulevard, Basking Ridge
Primary occupant of interest: Wells Fargo Bank, Suite 101
Other suites/tenants include: Origin Thai, Panera Bread, My Cleaners, Basking Ridge Pediatric Dentistry, Cenergie Spa, Estetica Hair Studio, Bolu Trattoria

We'd prefer to receive electronic copies of relevant files, or else review on-site.

Thank you for your assistance,
Sandra

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Marye MI E Last Name Ish

E-mail Address mish@daval.us

Mailing Address 8230 Leesburg Pike

City Tysons Corners State Va. Zip 22182

Telephone 703-962-1885 FAX 7034629565

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

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

Signature _____ 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.

I need to know the Owner's name and address for 119 Village Drive, Basking Ridge, N.J. And as of what date?
I also need to know the process for changing the address and if any fees are involved.
Thanks.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

OPRA

Police Dept.

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Lesley MI _____ Last Name Jenkins

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature Lesley Jenkins 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.

Requesting records from January 2014 through September 2017 regarding feral cats at 136 Culver St., Somerset, NJ 08873. Also reports regarding feeding deer and other animals with bagels and feeding cats outside of house. Additionally, complaints that cats are not leashed and and deposit their waste on my property.

due 9/20

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 James MI B Last Name Johnson

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature James B Johnson Date Oct 19, 2017

Payment Information

Maximum Authorization Cost $50.00

Select Payment Method

Cash ☐ Check ☑ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

HAY Study (complete) for the Somerset County Library System. (This study was presented to the Libarary Commission sometime during the summer of 2017. The Human Resource department of the library is responsible for the HAY evaluation program.)

10/24/17 E mail [illegible] called & left

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Jose MI ____ Last Name Justiniano

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature Jose Justiniano Date 11/6/17

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.

Stephanie Godown DOB 11/22/1990
Final Judgement & Sentence Certified copy
Indictment Number 10-02-00104-B
Called - Advised of the cost 11/6/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

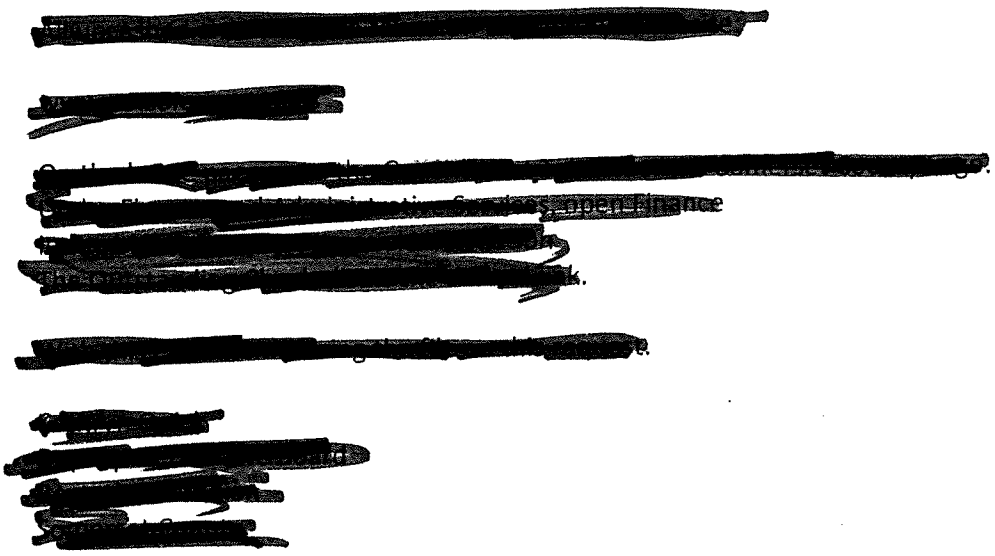
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Kathye Quick

To: Maya Kavtaradze (US - TAX)
Subject: RE: PwC's Request for Records - County of Somerset



From: Maya Kavtaradze (US - TAX) [mailto:maya.kavtaradze@pwc.com]
Sent: Sunday, October 29, 2017 2:40 PM
To: recordsrequest
Subject: PwC's Request for Records - County of Somerset

Hello:

Pursuant to the state open records law N.J. Stat., on behalf of PricewaterhouseCoopers LLP ("PwC"), I am writing to request copies of the County of Somerset's fiscal records concerning all unclaimed, undeliverable, overdue and/or outstanding funds or obligations, (i.e. deposits or obligations NOT currently held by your State's Unclaimed Property Department) in the amount of $1,000.00 or greater, currently held in accounts managed by the County of Somerset, including any and all:

1. Checks or warrants issued by the County of Somerset for payments on obligations incurred by any County of Somerset agency, department, office, court, college or other authorized authority that have remained outstanding for a period of six months or longer; AND the payee retains the right to claim the funds. (i.e. The payment has not been replaced, was not issued in error, and/or the obligation to the payee has not been voided by law.)

2. Called, matured, and/or currently redeemable municipal bonds or other securities issued by any County of Somerset agency, and any outstanding or uncashed dividend payments associated with these securities.

3. Amounts on deposit with the County of Somerset that are held in trust for recipients whose whereabouts are unknown, including instances in which payment was never attempted, payment was never requested, and/or instances when payments were returned as undeliverable. Such amounts may relate to (but are not limited to) tax refunds, tax overpayments, cash deposits, cash escrows, cash securities, performance bonds, sheriffs bonds, eminent domain, matured government bonds, real estate foreclosures, vendor payments, restitution payments, proceeds from public sales of lost property, unsuccessful electronic fund transfers, and/or lost heir accounts.

PwC is only interested in receiving records pertaining to non-natural persons (businesses). PwC is not seeking any records which could invoke a personal privacy exemption. Please also note, that none of the information requested by PwC will be used to solicit owners or third parties.

Ideally, the released records should include the amount held on behalf of the payee/recipient, any available identifying information regarding the recipient of the funds, the date associated with the obligation, and information indicating either the account in which the funds are held or the nature of the payment. Additionally, if the County of Somerset issued a check that was not negotiated, please provide the check number, the check date, and the address where the payment was sent, if available.

Responsive documents may include the following:

- Stale Dated/Un-cashed Checks Report/Register
- Check/Warrant Reconciliation Report/Register
- Unclaimed Checks Report
- Bond History Log
- Reimbursable Bond Report
- Performance Bond Deposit Report/List
- Active/Open Cash Deposit List
- Property Tax Overpayment Log/Ledger
- Property tax refund log/ledger

…ndly provide this information to me, preferably in Excel, Adobe Acrobat, or Word format, via email to maya.kavtaradze@pwc.com. If your agency does not maintain these public records and/or you are not the custodian of these public records, please either forward our request to the appropriate agency(ies)/person(s) in possession of the documents we are seeking, or otherwise please provide me with the proper custodian's name and email address. (Agencies/Departments which may be in possession of the documents we are requesting include but are not limited to the Clerk, Treasury, Finance Department, Accounting Department, Auditor, Controller, Tax Collector, Public Works, Building Department, Sheriff, Comptroller, and Court(s)).

Please notify me if there are any costs associated with fulfilling this request.

As provided by the open records law, I will expect your response within a reasonable timeframe. If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Additionally, please provide all segregable portions of otherwise exempt material.

If you have any questions, please do not hesitate to contact me at maya.kavtaradze@pwc.com. Thank you for your time and assistance.

Sincerely,

Maya

Maya Kavtaradze
PwC | Associate
Office: +1 (617) 530-6712; Mobile: +1 (617) 650-6289
Email: maya.kavtaradze@pwc.com
PricewaterhouseCoopers LLP
Corporate Asset Recovery
101 Seaport Boulevard
Boston, MA 02210
www.pwc.com

Kathye Quick

From: [redacted]
Sent: Friday, September 15, 2017 7:49 AM
To: [redacted]
Cc: [redacted]
Subject: FW: Public Records Request

Importance: High

[redacted]

-----Original Message-----
From: [redacted]
Sent: Thursday, September 14, 2017 4:46 PM
To: PublicInfo
Subject: Public Records Request

Hi,
I would like to make a public records request for a list of stale dated checks of at least $10,000+ and at least 6 months and older. Can you please include the Payee, Amount, Voided Check # and contact info to have the checks reissued.
Thank you,
Julie Kaye
[redacted]
Sent from my iPhone

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
Somerville, NJ 08876
Phone – 908-231-7030 FAX 908-231-8754
Email – FreeholdersOffice@co.somerset.nj.us
website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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 Kenneth MI C Last Name Kerr

E-mail Address kkerr@inframap.net

Mailing Address 92 N. Main St., Building 19E Windsor, NJ 08561

City Windsor State NJ Zip 08561

Telephone 609-371-5420 FAX

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

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

Signature [signature] Date 9/4/17

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash ☐ Check ☑ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Regarding Open End Contract for Subsurface Investigation, Contract#: CC-0102-16 awarded to GEOD Corporation, 24 Kanouse Road, Newfoundland, NJ 07435. We are requesting the following:

1. Current contract task order project names and total contract amount invoiced to date.
2. Copy of last invoice.
3. Copy of two project deliverables showing utility mapping and test hole forms.

rec'd 9/5 due 9/14

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Kathye Quick

From: [redacted]
Sent: Tuesday, August 15, 2017 4:36 PM
To: [redacted]
Cc: [redacted]
Subject: FW: OPRA request - WSJ

[redacted]

From: [redacted]
Sent: Tuesday, August 15, 2017 4:36 PM
To: [redacted]
Subject: FW: OPRA request - WSJ

[redacted]

From: King, Kate [mailto:kate.king@wsj.com]
Sent: Wednesday, August 09, 2017 1:08 PM
To: Kathye Quick
Subject: OPRA request - WSJ

Hi,

Thanks for your help with this. I'm trying to find out how much the sheriff's office has spent on security costs related to President Trump. Please consider this an OPRA request for that information.

Thanks,

--
Kate King
REPORTER
THE WALL STREET JOURNAL.

COUNTY OF SOMERSET
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website www.co.somerset.nj.us
Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

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Requestor Information – Please Print

First Name WILLIAM MI J. Last Name KOHLHEPP, JR. ESQ.

E-mail Address wjkesq@comcast.net

Mailing Address 23 Clyde Road Suite 201

City Somerset State NJ Zip 08873

Telephone 732-873-1122 FAX 732-873-5550

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

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

Signature [signature] Date 09/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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I represent Anita Mente with regards to Violation Number ZV-17-00398 and the Violation Notice she received dated September 6, 2017.

please provide my office with all information you have with regards to 78 Fourteenth Street, Somerset NJ; Block 428; Lot 32.01.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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Kathryn Quick
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Requestor Information – Please Print

First Name Joe MI ____ Last Name Kress

E-mail Address joe@brockerhoffllc.com

Mailing Address 37 Belvidere Ave.

City Washington State NJ Zip 07882

Telephone 908-689-4300 FAX 908-689-4330

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

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Signature [signature] Date 9/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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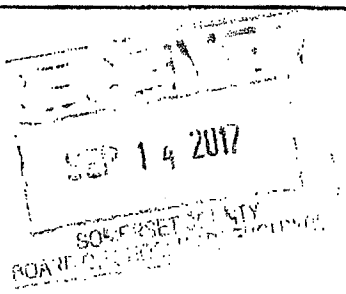
- Underground storage tank (UST)/Aboveground storage tank (AST) records/permits
- Hazardous material storage/releases/spills
- Violations
- Right to Know Surveys
- Septic system and potable well records/permits

435-441 Elizabeth Avenue, Somerset, NJ
block 502.01, Lot 1.01



AGENCY USE ONLY

Est. Document Cost ____
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AGENCY USE ONLY

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

AGENCY USE ONLY

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Ready Date ____
Total Pages ____

Final Cost

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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Kathryn Quick
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Requestor Information – Please Print

First Name Joe MI _____ Last Name Kress

E-mail Address joe@brockerhoffllc.com

Mailing Address 37 Belvidere Ave.

City Washington State NJ Zip 07882

Telephone 908-689-4300 FAX 908-689-4330

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

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Signature _____ Date 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - $0.05 per page
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- Violations
- Right to Know Surveys
- Septic system and potable well records/permits

1615 Highway 22
Watchung, NJ 07069
Block 6402 Lt. 3

AGENCY USE ONLY

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_____ Date

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- Septic system and potable well records/permits

17 West Street, Bernardsville, NJ

AGENCY USE ONLY

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Signature Joe Kress Date 10/17/17

Payment Information

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- Right to Know Surveys
- Septic system and potable well records/permits

523-531 Rt. 202
Raritan, NJ

AGENCY USE ONLY

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- Septic system and potable well records/permits

900 Rt. 22, Somerville, NJ

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