OPRA

Laura Arnale

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 Richard MI S Last Name Lafza

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 ___

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 10/19/17

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.

Records pertaining to File # DC-17-195 for 9/25/17 incl
including Audiofile of 911 Call, all Case files,
all video's from train platform that were attached with
above referenced file as forwarded from NJ Transit

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

AGENCY USE ONLY

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

Records Provided

RECEIVED

Laurel Moore

LEWIS BRISBOIS
LEWIS BRISBOIS BISGAARD & SMITH LLP

Christina Le
One Riverfront Plaza, Suite 800
Newark, New Jersey 07102
Christina.Le@lewisbrisbois.com
Direct: 973.577.6267

File No. 49318.1024

October 5, 2017

Via e-mail
(freeholdersoffice@co.somerset.nj.us)
County of Somerset OPRA Office
20 Grove Street
PO Box 3000
Somerville, NJ 08876

Re: Juan Cochrane (a/k/a Juan Cochrane-Anglada)
Last known address: [redacted]
DOB: May 11, 1964
SBI #: 480760B

Dear Sir/Madam:

Pursuant to the Open Public Records Act, please provide a copy of the Somerset County Prosecutor's Office's complete investigative file for an arrest made on April 7, 1988 of the above-named individual, including but not limited to the following:

1. Any and all arrest records;
2. Any and all copies of police reports and amendments/addendums to any such reports relating in any way to each arrest record;
3. Any and all written and/or recorded statements relating in any way to each arrest record;
4. Any and all photographs and video footage in possession of the Somerset County Prosecutor's Office relating in any way to each arrest record; and

5. Any and all formal written statement(s) made by Juan Cochrane relating in any way to the above arrest records.

Very truly yours,

/s/ Christina Le

Christina Le for
LEWIS BRISBOIS BISGAARD & SMITH LLP

CL

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

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Kathryn Quick
Custodian of Records/Deputy Clerk of the Board

Important Notice

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Requestor Information – Please Print

First Name Diana MI _____ Last Name Lennon

E-mail Address dlennon@jmsorge.com

Mailing Address JM Sorge, Inc., 57 Fourth Street

City Somerville State NJ Zip 08876

Telephone 908-218-0066 x125 FAX 908-218-9185

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 D Lennon Date 8/1/2017

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.

We are conducting a Phase I Environmental Site Assessment and are requesting any information/documents regarding environmental conditions at 1147 Route 601 (AKA Belle Mead-Blawenburg Road, Block 26001, Lot 25), Montgomery Township (Skillman), Somerset County, NJ. Note: this property is operated as a commercial property. The building is currently operated as a restaurant. Specifically, we are interested in health/environmental violations or permits, records of soil/groundwater contamination, spills reported, permits/records for underground or above ground storage tanks or reports of leaking tanks, and any remedial actions or permits.

From Dawn

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

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E-mail Address dlennon@jmsorge.com

Mailing Address JM Sorge, Inc., 57 Fourth Street

City Somerville State NJ Zip 08876

Telephone 908-218-0066 x125 FAX 908-218-9185

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

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Signature D Lennon Date 8/3/2017

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

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We are conducting a Phase I Environmental Site Assessment and are requesting information/documents regarding environmental conditions at 99 North 13 Avenue (Block 42.01, Lot 1.01, AKA "13 Cedar Chestnut" in tax records), Manville Borough, Somerset County, NJ. Note: this property was formerly operated as a parochial school, Christ the King. Specifically, we are interested in health/environmental violations or permits, records of soil/groundwater contamination, spills reported, permits/records for underground or above ground storage tanks or reports of leaking tanks, and any remedial actions or permits.

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

dlc 8/14

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Diana MI _____ Last Name Lennon

E-mail Address dlennon@jmsorge.com

Mailing Address JM Sorge, Inc., 57 Fourth Street

City Somerville State NJ Zip 08876

Telephone 908-218-0066 x125 FAX 908-218-9185

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 D Lennon Date 9/11/2017

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.

We are conducting a Phase I Environmental Site Assessment and are requesting any information/documents regarding environmental conditions at 80 West End Avenue (Block 136, Lot 20), Somerville, Somerset County, NJ. Note: this property is operated as a commercial property and was most recently used as a medical building. Specifically, we are interested in health/environmental violations or permits, records of soil/groundwater contamination, spills reported, permits/records for underground or above ground storage tanks or reports of leaking tanks, and any remedial actions or permits.

rec'd - 9/11 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

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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
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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 Diana MI _____ Last Name Lennon

E-mail Address dlennon@jmsorge.com

Mailing Address JM Sorge, Inc., 57 Fourth Street

City Somerville State NJ Zip 08876

Telephone 908-218-0066 x125 FAX 908-218-9185

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 D Lennon Date 10/24/2017

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 conducting a Phase I Environmental Site Assessment and are requesting any information/documents regarding environmental conditions at 12 Quimby Lane (Block 71, Lot 12), Bernardsville, Somerset County, NJ. Note: this property is operated as a commercial property and is currently used as a multi-tenant space; businesses include a packing supplies store (All Pak), medical office, and attorney's office. Prior to conversion to a commercial property, it is believed that this was a residential property; however, we have no knowledge of when it was converted. Specifically, we are interested in health/environmental violations or permits, records of soil/groundwater contamination, spills reported, permits/records for underground or above ground storage tanks or reports of leaking tanks, and any remedial actions or permits.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
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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

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature

Kevin Klyt

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 Diana MI ____ Last Name Lennon

E-mail Address dlennon@jmsorge.com

Mailing Address JM Sorge, 57 Fourth Street

City Somerville State NJ Zip 08876

Telephone 908-218-0066 FAX 908-218-9185

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 D Lennon Date 11/2/2017

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.

We are conducting a Phase I Environmental Site Assessment and are requesting information/documents regarding environmental conditions at 495 Weston Canal Road (Block 516, Lots 7.01, 7.02, 11.01), Franklin Township, Somerset County, NJ. Specifically, we are interested in health/environmental violations or permits, records of soil/groundwater contamination, spills reported, permits/records for underground or above ground storage tanks or reports of leaking tanks, and any remedial actions or permits.

AGENCY USE ONLY

Est. Document Cost ____
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Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
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Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 NICHOLAS MI J Last Name LEONARDIS

E-mail Address nleonardis@stathisleonardis.com

Mailing Address 32 SO Main Street

City Edison State NJ Zip 08837

Telephone 732 494 0600 FAX 732 494 0206

Preferred Delivery: Pick Up _____ US Mail xx 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 08/18/2017

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.

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All investigative records, reports, audio copies of 911 calls, MVR's videos, body cam footage, surveillance footage and statements relative to motor vehicle accident of August 3, 2017 subject of Franklin Twp. Police Dept. accident report no. 17-041177 attached.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Records Provided

Custodian Signature _____ Date _____

COUNTY OF SOMERSET
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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 Nicholas MI J Last Name Leonardis

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 _____ Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☒ Money Order ☐

Fees: Letter size pages - $0.05 per page
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Franklin Case #17049220

- All investigative records and photographs taken of the accident scene;
- Copy of police cruiser video and CAD reports;
- All statements taken of the parties involved or witnesses;
- All 911 tapes/recordings concerning passenger, Hernan Galan involved in this accident of 9/16/17.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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Balance Due ____
Balance Paid ____

Records Provided

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 Anna MI Last Name Lim

E-mail Address ALim@partneresi.com

Mailing Address 362 5th Avenue

City New York NY State 10001 Zip

Telephone 646-892-2790 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 $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - $0.05 per page
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For the purpose of a property condition assessment, any open/active building department violations, fire department violations, or zoning violations that were issued within the last 1-2 years.

2 Executive Drive, Somerset, NJ 08873 - Block 469, Lot 1.04

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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Total _____
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Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

[redacted]

FW: September 19, 2017 public records request
9-19-17 OPRA records request t Somerset county board of elections 4 RWJUH.rtf

[redacted]

[redacted]
ent: Wednesday, September 20, 2017 8:46 AM
To: Kathye Quick
Subject: FW: September 19, 2017 public records request

From: Paul Marinaccio [redacted]
Sent: Tuesday, September 19, 2017 8:33 PM
To: ElectionBd
Subject: September 19, 2017 public records request

The following records request is attached:

September 19, 2017 public records request to Board of Elections of County of Somerset, New Jersey custodian of records:

Please accept this as my request for govt records. Please note that the OPRA is not the only basis for my request. I claim entitlement to the records sought under both OPRA and the Common Law right of access.

Please e-mail to [redacted] the following:

1) Most recent voter registration application by all persons with first name Vanessa who also have the last name Tabaac; or other document showing addresses for this/these person(s).

2) Most recent voter registration application by all persons with first name Kelly who also have the last name Scott; or other document showing addresses for this/these person(s).

3) Most recent voter registration application by all persons with first name Francis who also have the last name Wu; or other document showing addresses for this/these person(s).

In the event that records requested in item 1-3 have been destroyed,

request for authorization for records disposal form sent to RMS (records management Services)or DARM (division of archived records management)or sent to anyone else for authorization to dispose of these records along with the response from RMS or DARM.

requested materials are exempt from disclosure, please redact only what you exempt and provide the remaining, non-exempt portions. Please provide legal support for redactions. Do preserve all records responsive to this request as evidence.

please transfer files to me by email to [redacted] Please provide any audio and video files in a format that can be played by Windows Media Player if the records are maintained in that medium. If not then to a medium routinely used by your agency. If it is one that can't be played using Windows, please indicate what program is needed to play it.

If there are no records responsive to the items requested then, pursuant to John Paff v. NJ Department of Labor, 392 N.J. Super. 334, 341 (App.Div. 2007), provide details regarding (1) the search undertaken to satisfy the request, (2) the records retention and destruction schedules for the records responsive to the request, as well as (3) the last date on which documents that may have been responsive to the request were destroyed.

COUNTY OF SOMERSET
OPEN PUBLIC RECORDS ACT REQUEST FORM

20 Grove Street
PO Box 3000
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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 Erika MI _____ Last Name Masters

E-mail Address emasters@ramboll.com

Mailing Address 101 Carnegie Center, Suite 200

City Princeton State NJ Zip 08540

Telephone 6092439884 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 Erika M. Masters Date 9/19/2017

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.

Available environmental records for the three-acre parcel (map included in email) located at the intersection of SW Gate No. 2 Road and Tracey Court (across from Valley Brook Village 100 Tracey Court, Lyons, Bernards Twp) on the VA New Jersey Health Care System Lyons, New Jersey campus (151 Knollcroft Road, Lyons, Bernards Twp). Records of interest include include information regarding underground or above ground storage tanks, hazardous material or chemical spills or releases, fires, past or on-going environmental remediation or investigations, soil and groundwater sampling, on-site wells, septic systems, local permits (e.g., building, storage tanks, wastewater discharges), deeds and deed notices, and tax liens or diminution of value for the 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
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 Gregory MI _____ Last Name Matteo

E-mail Address gmatteo@carrollengineering.com

Mailing Address 105 Raider Boulevard

City Hillsborough State NJ Zip 08844

Telephone 908-874-7500 ex 217 FAX 908-874-5762

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

We are completing an ALTA survey for Block 549, Lot 17 (Old Block 546 Lot 17). We are looking for Road improvement/Road Dedication plans for route 202/206 between Highland Avenue and Tolomini Road, specifically the road re-alignment that was done on Allen Road at Route 202/206. We were also looking for any other information you may have filed for this property.

AUG 30 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

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 Carre MI R Last Name Matthews

E-mail Address cmatthews@atsenvironmental.com

Mailing Address 286 Houses Corner Road

City Sparta State NJ Zip 07871

Telephone (800)440-8265 ext. 109 FAX (888)658-8378

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 Carre K. Matthews Date 9/08/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Any plans or files pertaining to the septic system at the following property from 1959 to present:
283 Bennetts Lane
Somerset, NJ 08873
Block: 85, Lot: 21
District: Franklin
Year Built: 1959

rec'd 9/11 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

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Requestor Information – Please Print

First Name Crystal MI L Last Name May

E-mail Address crystal.may@aecom.com

Mailing Address 625 W Ridge Pk Ste E-100

City Conshohocken State PA Zip 19428

Telephone 610-832-6261 FAX 610-832-3501

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X Fax _____ E-mail _____ X - if no added cost

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 Crystal L May Date 10/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Property: Glenwood Terrace, Bridgewater Township (multiple parcels) - TCE Plume

I am specifically interested in any information you may have relating to underground and aboveground storage tanks, hazardous material usage/storage, hazardous waste generation, parcel number, prior site usage, existing/expired permits, documented violations, septic fields/systems, wells, asbestos/lead abatement/issues, environmental and health/safety matters.

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

Dave 4

Open Public Records Act REQUEST

Submitted on August 2, 2017 via E-Mail to FreeholdersOffice@co.somerset.nj.us

To the Custodian of Records: Please accept this email as my request for government records. Please note that the Open Public Records Act (OPRA) is not the only basis for my request. I claim entitlement to the records sought under both OPRA and the Common Law right of access.

Requestor Name: Robert McDonnell

[redacted]

E-Mail: [redacted]

Phone Number: (999)999-9999

I accept the responsive records electronically, please send all responses via e-mail to [redacted]

Background:

Hillsborough Township has contractually turned over its EMS services to Robert Wood Johnson (RWJ). As part of the contract RWJ has deliverables to provide timely EMS response. As a resident of Hillsborough I am seeking information pertaining to EMS calls, the times and dispositions.

Records requested:

1. Exact Copy of a report from Somerset County Communications for all EMS and Fire related calls (ie: medical, fires, motor vehicle collisions, fire alarms, etc) in Hillsborough Township for the time period June 4, 2017 to July 31, 2017. The information sought is the call number, location, time received, time RWJ contacted for resources, EMS unit responding time and disposition of call.

If you claim that any records are exempt, please at least acknowledge their existence and provide a detailed description as to the exemption for each.

Thank you

rec'd 8/3

due 8/14

due 9/1/18

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 D Last Name McNichol

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 Y

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 3, 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 send me the complete voter history for Somerset County for the Primary Election that occurred on June 6, 2017. To be clear, I would like a list of all county residents who cast a ballot in the election. If possible, please include separate columns that indicate each voter's party affiliation and State Legislative District.

Please send as a .csv file

Picked up 8/8/2017 [signature]

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 Stephen Michalcayk MI J Last Name Michalczyk

E-mail Address smichalczyk@dyanmicec.com

Mailing Address 790 Newtown Yardley Road, Suite 425

City Newtown State PA Zip 18940

Telephone 267-685-0276 FAX 267-685-0276

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 09/12/17

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.

Our office requests to be provided with any survey, as-builts, construction documents and/or previously submitted site plans in the area of the propsoed site:

Block 78, Lot 15.01 & 15.02
155 Mount Bethel Road
Township of Warren, Somerset County, NJ

Should you have any questions, please do not hesitate to contact our office.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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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 Laura MI _____ Last Name Murphy

E-mail Address erahomes@cnjnet.com

Mailing Address 284 Route 206, Suite B

City Hillsborough State NJ Zip 08844

Telephone 908-874-7797 FAX 908-874-7260

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 08/09/17

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.

3 Irving St., Somerset 08876
Block 149 / Lot 11

This is a bank owned property . ERA Statewide Realty is working with seller in the market and sale.
We are trying to obtain any information regarding an possible underground oil tank at the 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

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 6/31

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 Murray

E-mail Address kmurray@tera-inc.com

Mailing Address 6 North Union Avenue, Suite 10

City Cranford State NJ Zip 07016

Telephone 908-377-1865 FAX 908-926-2336

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 Kathleen Murray Date 08/11/2017

Payment Information

Maximum Authorization Cost $ 100.00

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.

We are conducting a Phase I Environmental Assessment for the property located at 321 Valley Road, Hillsborough (Block 143, Lot 7). Records of interest would include USTs, ASTs, well permits, septic systems, hazardous material/waste storage, and records of spills and or releases of hazardous materials.

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

Carl Taylor - Sheriff Provenzano

CRT

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 Nick MI ____ Last Name Muscavage

E-mail Address ngmuscavage@gannettnj.com

Mailing Address 92 East Main Street Suite 202

City Somerville State NJ Zip 08876

Telephone 908-243-6615 FAX 908-243-6645

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 Nicholas Muscavage Date 8-16-17

Payment Information

Maximum Authorization Cost $ 5.00

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 requesting all investigation, operations and internal affairs reports relevant to Correctional Sgt. Robert Smiegocki's suspension.

I am requesting all investigation, operations and internal affairs reports relevant to Somerset County Jail inmate Elias Tiru.

AUG 16 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

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

[redacted]

Wednesday, September 06, 2017 2:02 PM

[redacted]

FW: OPRA Request 9-6-17

[redacted]

om: Muscavage, Nicholas [mailto:ngmuscavage@gannettnj.com]
ent: Wednesday, September 6, 2017 2:01 PM
[redacted]
ubject: OPRA Request 9-6-17

Dear Records Officer,

This is a request for information pursuant to the open Public Records Act, N.J. 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 I am not required to fill out an official form, Renna v. County of Union, 407 N.J. Super. 230 (App. Div. 2009).

BACKGROUND/EXPLANATION: I am a reporter for the Courier News, Home News Tribune, MyCentralJersey and Gannett NJ and this request is made as part of news gathering. I am requesting tort claim notices for the county jail.

REQUEST:

1. I am requesting all tort claim notices naming the Somerset County Jail for the past three (3) years.

I prefer electronic delivery of the records. If you believe I am not entitled to all or part of a document, please acknowledge the existence of the document first. As you know, you have 7 business days to respond to an OPRA request under state law.

The reasons offered by a custodian for denying access to a document must be specific, Communicators Workers of America v. McCormac, 417 N.J. Super. 412, 442 (2008).

Under penalty of NJSA 2C:28-3, I certify that I have not been convicted of any indictable offense.

Please call or email me with any questions.

Thank you.

Nick Muscavage / Watchdog Reporter
Courier News and Home News Tribune
ngmuscavage@gannettnj.com
908-243-6615 / @nmuscavage

Courier News
Home News Tribune
myCentralJersey.com

USA TODAY NETWORK

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 Carl MI A Last Name Muth

E-mail Address cmuth@mswconsultants.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone (321) 285-2155 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 8/1/17

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.

Requesting Somerset County's recycling collections contract pricing structures for the following municipalities: Branchburg, Raritan, Hillsborough, Bernards Township, Millstone, Bedminster, Bernardsville, Peapack-Gladstone, Far Hills, Bridgewater, Bound Brook, Manville, Somerville, Franklin Township, Martinsville, Warren, Watchung, Montgomery, Rocky Hill, North Plainfield, and Green Brook. Additionally requesting any one contract from the list of previously mentioned municipalities.

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

OPRA

Health 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 RE: 47 Sunnybranch Rd far Hills

First Name Diana MI ____ Last Name Wardy

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 ✓

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 11/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

(1) I need to know exacty where the septic is and is it a 4 or 5 bedroom septic

(2) I am trying to determine if this property can "hook in to" the city sewer, water that exists in the townhouses next door and homes across the street. RE: 47 Sunny branch Rd Far Hills, NJ 07931

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

NOV -6 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 William MI _____ Last Name Nehls

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 10/24/2017

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.

Documents regarding underground storage tanks, hazardous materials and spills for Block 163, Lots 1.01, 2, 3, 4, 5, 5.01, 5.02, 6, 8, 9, 10, Route 202, Bridgewater

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.

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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

_____ 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 Lindsey MI _____ Last Name Nesselbush

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 10/24/2017

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,
May I please request a copy of the County's most recent annual audit contract, including overall annual fee?
Thank you.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

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 Chloé MI ____ Last Name Nuñez

E-mail Address cnunez@whitmanco.com

Mailing Address 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 /

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 08-16-2017

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 attatched letter for the following properties.

20 Roosevelt Avenue (Block 88.02, Lot 36.02)

22 Roosevelt Avenue (Block 88.02, Lot 36.13)

23 Roosevelt Avenue (Block 88.02, Lot 36.12)

Thank you!

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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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 ____

WHITMAN

Corporate Headquarters
7 Pleasant Hill Road
Cranbury, NJ 08512

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

August 16, 2017

Ms. Kathryn Quick, Municipal Clerk and Custodian of Records
20 Grove Street
Somerville, NJ 08876

Email: FreeholdersOffice@co.somerset.nj.us

RE: Environmental Site Assessment
20 Roosevelt Avenue (Block 88.02, Lot 36.02)
22 Roosevelt Avenue (Block 88.02, Lot 36.13
23 Roosevelt Avenue (Block 88.02, Lot 36.12)
Franklin Township, Somerset County, New Jersey 08873
Whitman Project No. 17-08-35T

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, if applicable, or to at least 1932, whichever is earlier (though it is understood that most municipalities do not keep historical records as far back as this). 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

Such departments typically include some or all of the following:

- Building and/or Construction Department
- Planning/Zoning Department
- Engineering Department
- Health Department
- Fire Inspections
- Tax Assessor
- 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,

Chloe Nunez
Junior Scientist

J. Garces
n N. Grabler ●
rence A. LeBrocq, LL. M. ★□

Alan T. Grening ■□
Jonathan A. Kessous ◆●○
Arlindo B. Araujo □◆
Gary A. Cavalli
Joseph T. Delgado
Michelle M. Tullio
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
Karina Garcia

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

908.251.6041 Direct Dial
908.834.2706 Fax

www.garcesgrabler.com

Se habla Español

Lauren Casale

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 11, 2017

Somerset County
911 Communications Center
40 North Bridge Street
P.O. Box 3000
Somerville, NJ 08876

Re: Our Client: Stephany C. Montero
Date of Loss: 09/19/2017
Our File No.: 283938

Dear Sir or Madam:

This firm represents Ms. Stephany C. Montero in connection with injuries sustained as a result of a motor vehicle accident that occurred at US Highway 22 West and Country Club Road, Bridgewater, 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.

By: SARITA M. NUNEZ
Case Manager

SMN/ap
Snunez@garcesgrabler.com

RIDER

1. A copy of any and all investigation reports.
2. Hand drawn diagram of the scene.
3. Photographs of the accident scene.
4. Traffic cameras and dashboard cameras obtained on any patrol vehicle that responded to the scene.
5. Statements of any witnesses.
6. All reports prepared by the police department.
7. 911 Calls

...ocq, LL. M. ★□
...ng ■□
...A. Kessous ◆✚◊
...B. Araujo □◆
...A. Cavalli
...eph T. Delgado
...Michelle M. Tullio
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
Karina Garcia

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
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908.834.2706 Fax

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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 5, 2017

Fax: (908)526-2589
Somerset County
911 Communication Center
40 North Bridge Street
P.O. Box 3000
Somerville, NJ 08876

Re: Our Client: Odalis Fernandez
D/A: 9/7/2017
Our File No.: 283884
Report No. 17202527

Dear Sir or Madam:

This firm represents Mr. Odalis Fernandez in connection with injuries sustained as a result of a motor vehicle accident that occurred at Route 22 East and Milltown Road in Bridgewater, 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.

By: SARITA M. NUNEZ
Case Manager

SMN/ap

RIDER

1. A copy of any and all investigation reports.
2. Hand drawn diagram of the scene.
3. Photographs of the accident scene.
4. Traffic cameras and dashboard cameras obtained on any patrol vehicle that responded to the scene.
5. Statements of any witnesses.
6. All reports prepared by the police department.
7. 911 calls.

William J. Garces
William N. Grabler •
Lawrence A. LeBrocq, LL. M. *□

Alan T. Grening ■□
Jonathan A. Kessous ◆ ♣0
Arlindo B. Araujo □◆
Gary A. Cavalli
Joseph T. Delgado
Michelle M. Tullio
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David E. Rehe ◆
Anna M. Buontempo •
Robert B. White, III □
Nicholas L. Krochta
Genevieve G. Redd □◆
Michael D. Pomerantz □
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Mena R. Francis
Karina Garcia

Paul A. O'Connor III – Of Counsel *

■ Member DC Bar
□ Member PA Bar
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• Certified by The Supreme Court of New Jersey as a Workers' Compensation Law Attorney
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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

November 6, 2017

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

Re: Our Client: Vincent P. Mirante
Date of Loss: 08/22/2017
Our File No.: 284080

Dear Sir or Madam:

This firm represents Mr. Vincent P. Mirante in connection with injuries sustained as a result of a motor vehicle accident that occurred at Route 22 East and Warrenville Road, Green Brook, 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.

By: SARITA M. NUNEZ
Case Manager

SMN/ap
Snunez@garcesgrabler.com

RIDER

1. A copy of any and all investigation reports.
2. Hand drawn diagram of the scene.
3. Photographs of the accident scene.
4. Traffic cameras and dashboard cameras obtained on any patrol vehicle that responded to the scene.
5. Statements of any witnesses.
6. All reports prepared by the police department.
7. 911 Calls

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 Daniel MI _____ Last Name Ortega

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 Daniel Ortega Date 08/07/2017

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.

- A copy of the most recent resolutions and/or ordinances passed by the Somerset County Board of Freeholders establishing and/or adopting 'an apprenticeship program' as part of thier contracting criteria.

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 Sainath MI _____ Last Name Palani

E-mail Address sap@atlanticecs.com

Mailing Address 5 Mountain Blvd

City Warren State NJ Zip 07059

Telephone (908) 755-2240 FAX (908) 755-2263

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 Sainath Palani Date 10/05/17

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.

We are performing a Phase I Environmental Assessment of the property located at 17 Columbia Road, Basking Ridge, NJ 07920(Block 3604, Lot 9). We would like to review available environmental documents for any spills, hazmat incidents, UST records, County files/correspondence, building department records (such as site plans, certificate of occupancy records) and tax assessor/ collector records for current and prior owners.

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 Melissa MI A Last Name Parrelli

E-mail Address mp@theblast.com

Mailing Address [redacted]

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

Telephone 781.632.2391 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 Melissa Parrelli Date 8/23/17

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.

I am a news producer for an entertainment website that's launching this week called The Blast and in order to get accurate information about an incident that occurred on August 9, 2017 at a Carrabba's Italian Grill in Green Brook, NJ (address: 200 US Hwy Rt 22 W, Green Brook Township) I'd like to request any and all incident reports, charging documents, audio files and video files and any other documents associated with this. The alleged incident was an assault by a male named Richard Marcus Taylor who allegedly physically punched 2 people at said restaurant on Aug. 9 and was then charged with 4 counts of assault, criminal mischief and disorderly conduct. I want to be able to confirm that this incident did indeed take place and that there's documents to prove it in order to run accurate story. THANK YOU

* please email to mp@theblast.com ASAP thankyou

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 ____

e Quick

om: [redacted]
Sent: Thursday, October 26, 2017 2:22 PM
To: [redacted]
Subject: FW: Public Records Request

[redacted]

From: [redacted]
Sent: Thursday, October 26, 2017 1:54 PM
To: ElectionBd
Subject: Public Records Request

Pursuant to the Open Public Records Act, I am hereby requesting copies of all public information in the voter registration record for the following individuals:

Andrew Thorburn (dob 1943),
Karen (may have been registered under maiden name, Jackson) Thorburn (dob 1949),
Aaron Thorburn (dob 1986), and
Krystal Thorburn (dob 1985).

Each of these individuals was a New Jersey resident since birth or at least since the 1970's. I would like to obtain the voter registrations going back as far as is possible. How far back does your system go? If there are multiple individuals with these names and dates of birth, please let me know.

I would like to also request copies of the original declarations/affidavits for each of these individuals.

I prefer to receive the records via email if possible, please email to me at [redacted];but if email is not possible, please let me know and I will pay any delivery charges.

Thank you for your prompt attention to this request,

Cristina Parrinello
[redacted]

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 Mayur MI _____ Last Name Patel

E-mail Address mpatel@envocarenj.com

Mailing Address 1527 Route 27, Suite 105,

City Somerset State NJ Zip 08873

Telephone 7323228523 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 Mayur Patel Date 10/17/2017

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.

Interested in UST/AST spills, air/water permits, NOV, RAOs, NFA, Eng Controls, Deed Restrictions, Site Remediation Files, and the Property Card for the property located at Block 88.02 Lot 18 / 1323 Route 27, Somerset NJ 08873

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 _____

AGENCY USE ONLY

Planning 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 Mitesh MI M Last Name Patel

E-mail Address kajal@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 222 - 7966 FAX (908) 222 - 7967

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 8/3/17

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.

Any and all OPEN permits or violations on the property: 114 Hollywood Avenue, Somerset, NJ 08873 (Block: 432; Lot: 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

Rec'd 8/4
Due 8/14

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 Mitesh MI M. Last Name Patel

E-mail Address kajal@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 222 - 7966 FAX (908) 222 - 7967

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 08/30/17

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.

Any and all open permits or violations on the property: 10 Bayberry Drive, Franklin, NJ 08873 (Block: 386.10; Lot: 226)

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 Mitesh MI M. Last Name Patel

E-mail Address kajal@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 222 - 7966 FAX (908) 222 - 7967

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 09/21/17

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.

Any and all open permits or violations on the property: 115 Lindsey Court, Somerset, NJ 08823 (Block: 34.08; Lot: 9.01)

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
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 Parina MI _____ Last Name Patel

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 ✓

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 Parina Patel Date 9/27/12

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Any information on 10 Fairview Ave, Somerville in regards to under ground storage tank. Please provide any information from 1900 - present. Thank You.

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
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

Prosecutor's Office

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 HARDINACK MI _____ Last Name R A N G

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 OR 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 08/03/2017

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.

INVESTIGATIVE REPORT OF DETECTIVE SERGEANT DAVID WHIPPLE, SCPO IAU, WITH REGARDS TO HIS INVESTIGATION INTO CONDUCT ISSUES OF OFFICERS WITH THE MANVILLE PD.

THE INVESTIGATION DATE IS UNKNOWN EXCEPT FOR YEAR AND APPROXIMATE MONTHS IN WHICH INVESTIGATION TOOK PLACE - MARCH THROUGH JUNE 30, 2017.

DETECTIVE SERGEANT WHIPPLE INFORMED HARDINACK RANG WITH LETTER DATED 6/30/2017 OF THE CONCLUSION OF THE INVESTIGATION.

EMAIL IS ACCEPTABLE PROVIDED IT SHOWS SCPO LETTERHEAD.

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

rec'd 8/4
due 8/15

_____ _____

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 Victoria MI _____ Last Name Reed

E-mail Address Victoria.Reed@ewma.com

Mailing Address 100 Misty Lane

City Parsippany State Nj Zip 07054-2741

Telephone 973-560-140-ext 169 FAX 973-560-0400

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 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.

Property Located at 150 Mt. Bethel Road, Warren NJ Blcok 80, Lot 2
EWMA is seeking available documentation on the property site from 1950 until present:
Site plans, UST/AST permits, inspection reports, septic/sewer, NJDEP Correspondence, Spills/releases chemical treatment or disposal of chemical storage or waste water discharge, sewer connections and chemical inventories of reported spills.

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 Request from NJ.com/The Star-Ledger – 9/25/2017

Jessica Remo
Supervising Reporter, NJ Advance Media
Woodbridge Corporate Plaza
485 Route 1 S, Bldg. E Suite 300 | Iselin, NJ 08830-3009
m: 862-373-5937
e: jremo@njadvancemedia.com

I am invoking my rights under OPRA to request digital copies of the following documents related to Jason Fennes, DOB: 08/1974, sentenced in Jan. 2017, indicted on charges of sexual assault:

- the criminal complaint(s)
- the arrest report
- the indictment
- the plea form(s)

I certify I have not been convicted of a crime in New Jersey or any other state.

Digital copies can be submitted to me at jremo@njadvancemedia.com. Physical copies I can come to pick up at the appropriate office.

If there is a cost associated with this request, please inform me before fulfilling this request. Costs associated with fulfilling this request may be published if a news article is produced from this information.

Thank you,
Jessica Remo

Franklin Township, Somerset County
GOVERNMENT RECORDS REQUEST FORM
475 DeMott Lane, Somerset, NJ 08873
732-873-2500 ext. 6208 – Fax No. 732-873-1059
Email: annmarie.mccarthy@twp.franklin.nj.us

Important Notice
The reverse side of this form contains important information related to your rights concerning governmental records. Please read it carefully.

Requestor Information – Please print.

First Name/MI/Last Name Marlene Reyes
Email Address [redacted]
Mailing Address [redacted]
City [redacted] State [redacted] Postal Code [redacted]
Telephone [redacted] Cell _____ Fax _____
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☐ Email ☑

If you are requesting records containing personal information, please select one: Under penalty of NJSA 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: Marlene Reyes Date: 8/28/17

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

I was there any septic tank or Any septic Jts was done for 128 Churchill Ave Somerset, NJ 08873

AUG 30 2017

Payment Information:

Maximum Authorization Cost: $_____
Select Payment Method: Cash ☐ Check ☐ Money Order ☐
Fees: $0.05 per letter size page or smaller; $0.07 per legal size page or larger - Maps and plan and other special types of records are as per Chapter 180 in the Municipal Code Book.
Delivery: Delivery/postage fees additional depending upon delivery type. **Extras:** Special service charge dependent upon request.

AGENCY USE ONLY		AGENCY USE ONLY	AGENCY USE ONLY	
Est. Document Cost	_____	**Disposition Notes**	**Tracking Information**	**Final Cost**
Est. Delivery Cost	_____	Custodian: If any part of request cannot be delivered in seven (7) business days, detail reasons here.	Tracking # _____	Total _____
Est. Extras Cost	_____		Rec'd Date _____	Deposit _____
Total Est. Cost	_____		Ready Date _____	Balance Due _____
Deposit Amount	_____	In progress - _____	Total Pages _____	Balance Paid _____
Estimated Balance	_____	Denied - _____	**Records Provided**	
Deposit Date	_____	Filled - _____		
		Partial - _____	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 Thomas MI J Last Name Rice

E-mail Address trice@bridgewaterpd.com

Mailing Address 100 Commons Way

City Bridgewater State NJ Zip 08807

Telephone 908-722-4111 ext 4151 FAX 908-722-8246

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 ____

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.

On August 1, 2017 at approximately 8:51 a.m., Somerset County Communications received a telephone call on behalf of the Bridgewater Police Department stating there was an attempted robbery at the Target store located at 200 Promenade Boulevard.
On August 5, 2017 at approximately 10:09 a.m., Somerset County Communications received a telephone call on behalf of the Bridgewater Police Department stating there was shoplifting/robbery at Macy's Department Store located at the Bridgewater Commons Mall.
I am requesting all recordings of incoming 911 or non-emergency phone calls that Somerset County Communications received related to both incidents.

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

due 8/18/17
8/22/17
one

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 Hazelann MI P Last Name Rodney

E-mail Address hrodney@weichert.com

Mailing Address Weichert Realtors, 185 Elm Street,

City Westfield State NJ Zip 07090

Telephone 908-654-7777 FAX 908-232-1792

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I am hereby requesting information regarding open and closed permits related to building, plumbing, electrical, and roof for the following property:

141 Farrell Street
Somerset, NJ 08873

Block #344; Lot #11

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
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 Jessica MI L Last Name Rosenberg

E-mail Address jrosenberg@geiconsultants.com

Mailing Address 300 Broadacres Drive, Suite 100

City Bloomfield State NJ Zip 07003

Telephone 973-873-7117 FAX 973-509-9625

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 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Files and documents for 612 Route 206, Raritan, Somerset County, NJ, Block: 30, Lot: 1 relating to environmental conditions, violations, discharges of chemicals, or petroleum, permits, and/or the storage and usage of chemicals and petroleum in underground storage tanks (USTs), as well as property usage, building permits, and history of ownership and usage, at the subject property to be used for a Phase I Environmental Site Assessment.

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

_____ 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 Jessica MI L Last Name Rosenberg

E-mail Address jrosenberg@geiconsultants.com

Mailing Address 300 Broadacres Drive, Suite 100

City Bloomfield State NJ Zip 07003

Telephone 973-873-7117 FAX 973-509-9625

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 9/6/17

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.

Files and documents for 588 Mountain Avenue (also goes by 588 Route 22 E), North Plainfield, Somerset County, NJ Block: 1 Lot: 1 relating to environmental conditions, violations, discharges of chemicals, or petroleum, permits, and/or the storage and usage of chemicals and petroleum, underground storage tanks, as well as property usage, building permits, and history of ownership and usage, at the subject property to be used for a Phase I Environmental Site Assessment.

rec'd 9/7 due 9/18

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 _____
Closed

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

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 Jessica MI L Last Name Rosenberg

E-mail Address jrosenberg@geiconsultants.com

Mailing Address 300 Broadacres Drive, Suite 100

City Bloomfield State NJ Zip 07003

Telephone 973-873-7117 FAX 973-509-9625

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 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Files and documents for 16 Frelinghuysen Ave, Raritan, Somerset County, NJ, Block: 30, Lot: 2.01 relating to environmental conditions, violations, discharges of chemicals, or petroleum, permits, and/or the storage and usage of chemicals and petroleum in underground storage tanks (USTs), as well as property usage, building permits, and history of ownership and usage, at the subject property to be used for a Phase I Environmental Site Assessment.

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 Marvis MI ____ Last Name Rothman

E-mail Address marvis@micheleklug.com

Mailing Address 222 Mt, Airy Road

City Basking Ridge State NJ Zip 07920

Telephone 908 766-0085x 1068 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 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.

Please forward me all open and closed building and construction permits for 110 Briar Way, Neshanic Station NJ 08853
Block 82
Lot 33
Thank you and have a great day!
Marvis Rothman

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 ____

Lauren Choate

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 B Last Name RYAN

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 _____

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 Eric B. Ryan Date 10-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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 DISPOSITION OF ARREST ON 10-05-1971. CHARGES; COCAINE POSS, MARIJUANA POSS. DISSMISSED AT ARRAIGNMENT. CERTIFIED COPY OF DISPOSITION REQUIRED FOR GLOBAL ENTRY CBP

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 _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

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 E. Last Name Saunders

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 Michael Saunders Date 11-9-17

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.

Divorce Decree of Michael Saunders Vs Mercedes Saunders

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

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Requestor Information – Please Print

First Name Kevin MI E Last Name Smith

E-mail Address ksmith@petroleumtraders.com

Mailing Address 7120 Pointe Inverness Way

City Fort Wayne State Indiana Zip 46804

Telephone 800-348-3705 Option 4 FAX 260-498-2836

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☑ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Petroleum Traders Corporation would like to formally request under the state open records law copies TWO (2) INVOICES PER MONTH of your current contract delivered by your current vendor(s) and corresponding bill of ladings as part of the current Red Dyed #2 Diesel Fuel (ULTRA LOW SULFUR), Red Dyed Winter Blend Diesel and Fuel Oil Contract #CC-0036-15. Can you please provide the requested information for the period of time from 9/1/16 though 10/1/17.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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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

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 Lindsay MI C Last Name Smith

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 [signature] Date 10/9/2017

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.

19 Schoolhouse Road, Somerset, NJ (Franklin Township)

Requesting any records pertaining to the presence of hazardous substances at the property, and any potential releases/spills.

Also, any additional issues of concern, violations, or complaints.

517.05/35.08

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 ____

NO Records Found

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 Lindsay MI C Last Name Smith

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 [signature] Date 9/8/2017

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.

92 East Main Street, Somerville, NJ (formerly known as 78-92 East Main Street)

Requesting records pertaining to the presence use of hazardous substances, releases/spills. Records of former fuel tanks/septic systems/wells.

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 MARZENA MI ____ Last Name SOBILO

E-mail Address marzena@solutionsenvironmental.com

Mailing Address 5 MARINE VIEW PLAZA, STE 401

City HOBOKEN State NJ Zip 07030

Telephone (201) 876-9400 FAX (201) 876-9563

Preferred Delivery: Pick Up ____ US Mail X 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 8/11/2017

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.

Please see attached letter
Willow & Hillsborough Roads
Hillsborough, Somerset County, New Jersey
Block: 201, Lot: 7, Addl Lots: Formerly Preserved

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

Duplicate

August 11, 2017

Somerset County Clerk
20 Grove Street
Somerville, NJ 08876

Re: ***Freedom of Information (FOI) Request***
Willow & Hillsborough Roads
Hillsborough, Somerset County, New Jersey
Block: 201, Lot: 7, Add Lots: Farmland Preserved

Dear Sir or Madam:

Atlantic Environmental Solutions, Inc. (AESI) has been retained to perform an environmental assessment of the referenced property. The purpose of this letter is to request any information which may be in your files in connection with the subject properties. Please review your files for any of the following:

- Environmental violations, incidents, complaints, etc.
- Community Right to Know (RTK) Information
- Underground Storage Tank (UST) registrations, installation or removal permits
- Hazardous substance (including petroleum) discharges, leaks, spills, etc.
- Monitoring well, potable well, or other well installation records
- Industrial Site Recovery Act (ISRA) or ECRA correspondence
- Groundwater contamination reports, including Classification Exception Areas (CEAs)
- Declaration of Environmental Restrictions (DERs)
- Hazardous Substance Inventories
- Air emission permits, records
- Solid waste or sanitary waste permits, records

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the file available for my review, please do not hesitate to contact me at (201) 876-9400. Our fax number is (201) 876-9563.

Sincerely,

M. Sobilo

Marzena Sobilo
Environmental 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 Eileen MI ____ Last Name Sroka

E-mail Address john@johnruelaw.com

Mailing Address 2 Broad Street, Suite 607

City Bloomfield State NJ Zip 07003

Telephone (862) 283-3155 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 September 25, 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 page.

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 Melissa MI _____ Last Name Staublitz

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 _____ Date 8/08/2017

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.

Good afternoon,

The homeowner of the property below states that they have an underground storage tank on the property that was abandoned in the past. I am inquiring to know if I can have a copy of any documentation related to underground storage tanks on the property. Anything found can either be faxed or emailed to me as soon as possible, (whichever is easiest for you). Thank you in advance!

**Address of Inquiry: 310 Girard Ave, Somerset (Franklin Township), NJ 08873 **

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 JULIUS MI J Last Name SUAREZ

E-mail Address JJSUAREZ@FOXROTHSCHILD.COM

Mailing Address FOX ROTHSCHILD LLP, 49 MARKET STREET

City MORRISTOWN State NJ Zip 07960-5122

Telephone (973) 326-7109 FAX (973) 326-7101

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Julius J. Suarez Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 100.00

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 requesting the following records related to Alcoholic Beverage License No. 1805-33-004-004, which was issued to Fox Hollow Limited:

1. A copy of the actual liquor license;
2. The most recent twelve (12) page liquor license application that Seller submitted;
3. The most recent site plan or sketch of the proposed licensed area submitted with the liquor license application;
4. Liquor license renewals from the past (5) years; and
5. Violation and enforcement notices from the past (5) years.

AGENCY USE ONLY

Est. Document Cost _____
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otal Est. Cost _____
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nated Balance _____

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 Dan MI _____ Last Name Swanson

E-mail Address daniel.swanson@cbre.com

Mailing Address 55 West Red Oak Lane

City White Plains State NY Zip 10604

Telephone (914) 597-6985 FAX (914) 597-6988

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 9/25/2017

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.

25 Stonehouse Road Basking Ridge, NJ Block: 3604 Lot: 4

Seeking records regarding bulk storage of petroleum products and/or other hazardous materials at the abovementioned property.
Additionally seeking records regarding underground septic systems or potable wells at the abovementioned property. Records of contaminated groundwater and/or environmental remediation activities?

Please contact me if there are additional fees in order to obtain the records.

Thank you.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open _____
Denied - Closed

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Kathye Quick

To: [redacted]
Cc: County Clerk
Subject: RE: Hillsborough township Building Permits - Public Records Request

[redacted]

From: [redacted]
Sent: Tuesday, September 19, 2017 1:56 PM
To: [redacted]
Cc: [redacted]
Subject: FW: Hillsborough township Building Permits - Public Records Request

[redacted]

From: [redacted]
Sent: Tuesday, September 19, 2017 10:46 AM
To: County Clerk
Subject: Hillsborough township Building Permits - Public Records Request

Dear Brett Radi,

NJ.8821.10837

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

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

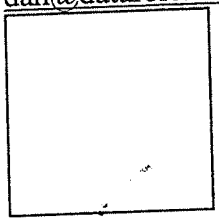
Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com

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

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.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 Stephen MI _____ Last Name Tanico

E-mail Address stanico@wilentz.com

Mailing Address 90 Woodbridge Center Drive Suite 900 Box 10

City Woodbridge State NJ Zip 07095

Telephone 732-855-6048 FAX 732-855-6117

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 Stephen Tanico Date 10/12/17

Payment Information

Maximum Authorization Cost $ 250.00

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.

Resolution of the Planning Board of the Borough of Bernardsville dated October 26, 1976 and mentioned in Somerset County: Book 1355, Page 564; Book 1360, Page 43; Book 1355, Page 567; and Book 1366, Page 818. Any other documents related to the previously mentioned Resolution or documents related to the pond located in the northeast corner of Lot 4.03, Block 62 in the Borough of Bernardsville, Somerset County, New Jersey.

Mail order 10/16/17 Kg

OCT 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 _____

Health 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

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Requestor Information – Please Print

First Name Rebecca MI ____ Last Name Tenore

E-mail Address rtenore@vertexeng.com

Mailing Address 3322 Route 22 West. Suite 907

City Branchburg State NJ Zip 08876

Telephone 908-458-9609 FAX 908-450-1443

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. 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 11/2/2017

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.

VERTEX is performing a Phase I Environmental Site Assessment at the property located at 417 Elizabeth Avenue, Franklin/Somerset, NJ, Block 502.01/ Lot 6.01. As part of our assessment, we would like to review readily available documentation from the health department (environmental reports, tank, spill, septic, and well records).

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Filed - Closed _____
Partial - Closed _____

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

– 3 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

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Requestor Information – Please Print

First Name Jay MI ____ Last Name Tracy

E-mail Address jay@envirotactics.com

Mailing Address 1330 Laurel Avenue Building 3

City Sea Girt State NJ Zip 08750

Telephone 732-449-0077 FAX 732-449-5810

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 10/3/17

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

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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 cover letter.

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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Total Pages ____

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Deposit ____
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Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Karen McGee - Carl Meyer

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 C Last Name Tracy

E-mail Address ntracy@hoaglandlongo.com

Mailing Address 40 Paterson Street

City New Brunswick State NJ Zip 08903

Telephone 732-545-4717 FAX 732-545-4579

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 September 26, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☑ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Any and all complaints against Somerset Hills Towing and Michael Bessasparis in connection with towing and storage services provided within Somerset County, for Somerset County, or for any municipality within Somerset County.

Any and all documents in which Somerset County advised Somerset Hills Towing that: (1) any of its bids for a towing and storage license were rejected; and (2) that any of Somerset Hills Towing's towing and storage licenses were revoked.

Any and all requests for a hearing, submitted by Somerset Hills Towing and/or Michael Bessasparis, to Somerset County in connection with any rejection of Somerset Hills Towing's bids for towing and storage work or any revocation of Somerset Hills Towing's towing and storage license(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

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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

9-26-2017

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 Camille MI G Last Name Valle

E-mail Address research@governmentjobs.com

Mailing Address 222 N. Sepulveda Blvd., Suite 2000

City El Segundo State CA Zip 90245

Telephone 310-426-6304 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 Camille Valle Date 8/29/2017

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.

We're doing a cost analysis for talent management systems at GovernmentJobs.com and are requesting contracts for the following software systems: Applicant Tracking (ATS), Performance/ Talent Management (TMS), New Hire Onboarding, Learning Management System (LMS), Human Resources Information System (HRIS), Enterprise Resource Planning (ERP).

AUG 30 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 ____

No Records Found

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 Darcie MI _____ Last Name Venito

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 $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Hi Kathy,

We just spoke on the phone. I would like to request any records pertaining to the septic system for the property at 1045 Pottersville Road, Bedminster.
Block 5 Lot 5

Please confirm receipt of this email

Thank you
Darcie Venito
201-424-1990

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

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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 Amberlynn MI _____ Last Name Verderosa

E-mail Address averderosa@whitestoneassoc.com

Mailing Address Whitestone Associates, Inc. 35 Technology Drive

City Warren State New Jersey Zip 07059

Telephone (908) 668-7777 FAX (908) 754-5936

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 Amberlynn Verderosa Date October 17, 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.

Vacant Land, 145 Commons Way, Block 411, Lot 39.09 (formerly a portion of Lot 39.07 with an address of 600 Somerset Corporate Boulevard), Bridgewater Township, Somerset County, New Jersey. Owner: Somerset Corporate Center Associates c/o SJP Properties.

Whitestone Associates, Inc. (Whitestone) is conducting a Phase I Environmental Site Assessment at the above-referenced location. Whitestone requests copies of any available files addressing or pertinent to environmental investigations, underground storage tanks (USTs), corrective actions, contaminant releases, incidents, fires, hazardous materials storage, citations, notices fo violation, or other areas of concern at the above-referenced 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

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 Jake MI _____ Last Name Wagman

E-mail Address jake@shieldresearch.com

Mailing Address 51223 Hunting Ridge Trail

City Granger State IN Zip 46530

Telephone 314-568-7747 FAX 314-237-4443

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 9/6/2017

Payment Information

Maximum Authorization Cost $ 100.00

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.

Voter registration and voter history for Andrew Thorburn, date of birth 8/19/1943

Mr. Thorburn would be an inactive voter

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

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PO Box 3000
Somerville, NJ 08876
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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 Jessica MI _____ Last Name Wallace

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 Jessica Wallace Date 8/21/17

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 the following pay stubs for Somerset County Corrections Officer John Reznik III:

-the last paystub of 2016

-the last THREE paystubs to-date

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

RECEIVED
DANIEL J. LIVAK
DEP. DIRECTOR/BUS. ADMINISTRATOR
AUG 22 2017
1445HRS
SOMERSET COUNTY
PARK COMMISSION

SOMERSET COUNTY PARK COMMISSION
RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records.

Requestor Information – Please Print

First Name: Paula MI: J. Last Name: Warmuth
Company: Stim & Warmuth, P.C.
Mailing Address: [redacted] State: [redacted] Zip Code: [redacted]
City: [redacted]
E-mail Address: [redacted]
Business Hours Telephone Number: [redacted]
Preferred Delivery: __ Pick-up X US Mail __ On-Site Inspection

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

Signature: [signature] Dated: 8-22-17

Payment Information

I agree to pay for fees related to this request in an amount no greater than:
$ 50

Select Payment Method
Cash: __ Check: X Money Order: __

Fees
Per page: $0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

Prepayment of fees required unless otherwise agreed.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

Request Access to: __ Inspect or X Receive a copy of the following records:
Copy of contract for demolition activities for removal & disposal of approximately 2,665,258 square feet of concrete from 14 foundation slabs at Mountain View Park.

PARK COMMISSION USE ONLY

Estimated Document Cost: $ _____
Estimated Delivery Cost: $ _____
Estimated Extra Cost: $ _____
Total Estimated Cost: $ _____
Deposit Date: __/__/__

Trucking Information
Trucking #: 2017-6
Ready Date: 8/22/17
Date mailed/picked up: 8/24/17

Final Cost
Total pages: _____
Total: $ _____
Deposit: $ _____
Balance Due: $ _____

Records Provided: [redacted]

1. Description of the search undertaken to satisfy the request:
SCPC FILES

2. If any document or part of a document is deemed confidential, check here (__) and attach a separate piece of paper detailing the description of each document (or portion of the document) and the source of the confidential information. [redacted]

3. The following is the last date on which any documents that may be responsive to this request were destroyed: __/__/__

Records Request:
__ Denied and reason(s) why denied: _____
__ Approved (granted in 7 days)
__ Approved (granted in more than 7 days) Reason(s) for delay: _____

Custodian Name (Signature) [signature]
Dated: _____

RECEIVED
DANIEL J. LIVAK
DEP. DIRECTOR/BUS. ADMINISTRATOR
AUG 22 2017
SOMERSET COUNTY
PARK COMMISSION

Custodian Name (Print)

Subscribed and sworn to before me this ___ day of _____, 20____.

(Seal) Notary Public of New Jersey

Specify Other State
My Commission expires on _____, 20___

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 Temicka MI R Last Name Wiggins

E-mail Address twiggins@sunnysidefederal.com

Mailing Address 56 Main Street

City Irvington State NY Zip 10533

Telephone 914-591-8000 FAX 914-591-7234

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 10/17/2017

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 some type of zoning letter for the property locateda at 50 Main Street, South Bound Brook, NJ. The property currently has a liquor store and we want to be certain that it is zoned for its present use.

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

_____ 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

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Requestor Information – Please Print

First Name Tammy MI L Last Name Wilcox
E-mail Address Contracts@JCPNJ.com
Mailing Address 961 Route 10 East
City Randolph State NJ Zip 07869
Telephone 800-992-0421 x700 FAX 973-584-3410
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 Tammy Wilcox Date 8/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

May I please see a copy of your **invoice(s)** (if purchased) or **lease paper work** for **all the departmental copiers** within your municipality. Kindly include all applicable maintance agreements for said copiers as 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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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 Stephanie MI R Last Name Williams

E-mail Address SWILLI160progressive.com

Mailing Address 485a Rt 1 South, Suite 410

City Iselin State NJ Zip 08830

Telephone 732-362-3256 FAX 732-362-3361

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

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

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $ 10

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.

Progressive Garden State Insurance Company driver was involved in a motor vehicle accident on September 16, 2017 at the intersection of South Main Street and Wilhousky Street Manville, NJ. Please provide any available footage from the cameras located at this intersection. The police report has been included as a point of reference.

Date of accident: 9/16/17
Time of accident: 7:42 PM
Accident location: Intersection of South Main/Wilhousky Street Manville, NJ.
Drivers: Lynne Vernick & Michael Goccia

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 Anton MI _____ Last Name Yevelev

E-mail Address ayevelev@ramboll.com

Mailing Address 101 Carnegie Center Suite 200

City Princeton State NJ Zip 08540

Telephone 6092439872 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 9/5/2017

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.

Ramboll Environ is conducting an environmental assessment of the following referenced parcel: Block 304, Lot 1 (portion) at 10 Finderne Avenue in Bridgewater, Somerset County, New Jersey. Denver Road currently owns the property, and the property is leased to Henken, Akzo Nobel and Ingredion. The ten buildings on the property as a whole are used for commercial and industrial use, particularly as office space, laboratories and storage; however this investigation is limited to the eastern portion of the site, as indicated on the attached site map. Records of interest include environmental records - investigation or remediation reports; well permits/records; discharges or releases; known contamination issues; inspections/violations; and hazardous waste information. Additional records of interest include any available tax property report cards, maps, or ownership histories; building permits, certificate of occupancy, inspection reports, and construction records; spills or emergency response records. Please forward requests to the Tax Assessor, Public Works, Environmental, Health, Engineering, Fire Safety, Planning and Zoning Departments.

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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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

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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 Anton MI _____ Last Name Yevelev

E-mail Address ayevelev@ramboll.com

Mailing Address 101 Carnegie Center Suite 200

City Princeton State NJ Zip 08540

Telephone 6092439872 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 9/6/2017

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 provide any available tax property report cards for the following parcel: Block 304, Lot 1 at 10 Finderne Avenue in Bridgewater, Somerset County, New Jersey. Email would be the preferred 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

Mail Jeanette

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 Jeanette MI ____ Last Name Young

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 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 Jeanette Young 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.

Kindly provide me with CAD & audio from September 6, 2017 between 2:45 pm and 6:00 pm involving a vehicle stop made by Raritan Borough Police Officer bearing badge #71, at the intersection of Bell Ave & Thompson St.. The vehicle was a 2008, white, 4 door, Honda, bearing NJ License plate [redacted] driven by Mark Kinsey.

Thank you.

Jeanette

Date 10/10

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

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 Chris MI ____ Last Name Zieger

E-mail Address czieger@dynamic-earth.com

Mailing Address 1904 Main Street

City Lake Como State NJ Zip 07719

Telephone 732-280-0830 FAX 732-974-3521

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 9/18/17

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.

Our office would like to obtain the following information for the County Health Department

Site: 158 East Main Street, Boro of Somerville - Block 65 Lot 3 - Current Owner , Tufaro, Dominic

I would like to obtain/review any County Health Department records pertaining to environmental investigations, contaminant releases/spills, corrective actions, underground storage tanks (USTs), septic systems, wells or violations.

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

due 9/29

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 Stephanie MI _____ Last Name Zilinskis

E-mail Address szilinskis@amygreene.com

Mailing Address 4 Walter E. Foran Blvd., Suite 209

City Flemington State NJ Zip 08822

Telephone 908-788-9676 FAX 908-788-6788

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 10-19-17

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.

Documents relevant to a Preliminary Assessment for the property located at 295 Bunker Hill Road (Block 11.01, Lot 1.01) in the Township of Franklin, Somerset County, New Jersey. Please include records that pertain to underground or aboveground storage tanks, potable wells, on-Site sewage disposal systems, environmental inspections, violations of environmental laws/regulations, environmental permits, spills, discharges, or similar events.

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 andrew MI _____ Last Name zjawin

E-mail Address azjawin@pennoni.com

Mailing Address 515 grove st, suite 1b

City haddon heights State nj Zip 08035

Telephone 7326687001 FAX 8565479174

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

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

Signature _____ Date 10/4/2017

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.

Pennoni is requesting records related to:

Site: West End Commons, 1200 Route 22 East, North Plainfield, NJ
Legal Description: Block 203.01 Lot 1

Files of environmental construction permits pertaining to underground storage tank (UST)and/or aboveground storage tank AST) removal or installations, general information regarding USTs and/or ASTs, building department records for demolition and/or expansions, zoning/land use records, illegal waste discharges, environmental contamination, violations of environmental laws, and/or permits (air, building, zoning)

NO Records found for this property per Dave

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 _____