CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Charles MI ____ Last Name Miltenberger

E-mail Address charlie2nj@verizon.net

Mailing Address C/O ReMax Platinum Properties - Atlantic City 4 N Mississippi Avenue

City Atlantic City State NJ Zip 08401

Telephone Cell: 609-338-9992 Office : 609-428-6647 FAX 609-939-0592

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

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

Signature _____ Date 7-31-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

46 N Delancy Place, Atlantic City NJ 08401 Block: 222 LOT: 6

We are looking for the Legal Classification for this property, as to whether it is either a duplex or a Triplex. .The Property is a foreclosure and we are the assigned Listing agents. CRDA seems to have something different. Please provide the most updated information in regards to any CO's, Violations, Updatespermits Etc... Request is for the following departments:

1. City Land Use
2. AC code enforcement
3. Construction
4. Planning and Zoning

Thank You very much,

Charles Miltenberger, ReMax Platinum Properties - Atlantic City

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

2017 AUG -1

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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Requestor Information – Please Print

First Name FRANK MI A Last Name VINCIGUERRA

E-mail Address RVC@THEDAVINCIGROUPLLC.COM

Mailing Address 72 E. CENTRE STREET

City Woodbury State NJ Zip 08096

Telephone 856-848-7995 FAX 856 848-7903

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 Frank A Vinciguerra Date 8/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

ED, IT WAS A PLEASURE SPEAKING WITH YOU
PLEASE PROVIDE ZONING AND TAX MAP INFORMATION AS IT
PERTAINS TO 108-110 LINCOLN AVE, ATLANTIC CITY.
ALSO, PLEASE CALL ME TO PROVIDE COST. MY CELL IS
609-504-5586.
THANK YOU FOR YOUR HELP.

FRANK "ROCKY" VINCIGUERRA
THE DAVINCI GROUP LLC.

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 ____

CITY CLERK'S OFFICE 2017 AUG -1 PM 3:29

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

CITY CLERK'S OFFICE 2017 AUG -1 PM 3:29

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 LEONARD ARONOWITZ MI ____ Last Name ARONOWITZ

E-mail Address (NONE)

Mailing Address (RESIDENCE) 2329 PACIFIC AVENUE P.O.B. 5331 A.C. N.J. 08404

City ATLANTIC State N.J. Zip 08401

Telephone SYN'PH# 609-345-4580 (NONE) FAX

Preferred Delivery: Pick Up ✓ or US Mail USM 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 Leonard Aronowitz Date Aug. 1. 17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Copy of DEMOLITION PERMIT of (the) *Earth Tech - Reference! & ASCENSION CHURCH Kentucky AVENUE 4/8 PACIFIC Avenue A.C. N.J. 08401

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

AUG -2 AM 11:44

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Mutjibhai MI S Last Name PATEL

E-mail Address yoga1950@gmail.com.

Mailing Address 32 N. Delancy Place,

City Atlantic City State NJ Zip 08401

Telephone 609-802-3380 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 08/02/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I 32 N. Delancy Place Block # 222
Atlantic City NJ 08401. LOT # 10

Any oil tank
Permit- if it is there for removal

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG -2

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 ____ Last Name Polillo

E-mail Address Postenvoy.joe@yahoo.com

Mailing Address 852 Fields Ave

City A.C. State NJ Zip 08401

Telephone 609-348-0381 FAX ____

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

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

Signature Joseph Polillo Date 8-2-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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.

City to State
memo of Understanding
agreement

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 ____

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
ATLANTIC CITY CITY
1301 Bacharach Blvd
Atlantic , NJ 08401

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

7-10-17

To Whom This May Concern: County Counsel

My name is Stacy Reaves and I am writing to request all of my records while I've been in the Atlantic County Jail. If can please send me all my medical records, Disciplinary charges, hearing out come, and sanction. Also send me my mental Health records and any other paperwork that I can have.

I am in need of these records as soon as possible so if you can please put a rush on this request.

Thank you for your time concerning this matter

Very Truly Yours
Stacy Reaves
Stacy Reaves #31594

Stacy Reaves #31594
Cape May County Correctional Center
4 Moore Rd
Cape May Court House, NJ 08210

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

FILE COPY

2017 AUG -3 PM 1:20

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 CHASE MI M Last Name RUPPERT

E-mail Address MCHASE@IFERIOZZI.COM

Mailing Address 604 EVERGREEN DRIVE

City OCEAN VIEW State NJ Zip 08230

Telephone 609-823-2563 FAX 609-344-3719

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide All available liquor licenses in the City of Atlantic city for Retail use.

Cell Phone 517-1728

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

FILE COPY

CITY CLERK'S OFFICE
2017 AUG -3 AM 7:31

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name GEORGE MI K Last Name MILLER

E-mail Address gmiller@gmillerlawfirm.com

Mailing Address 26 S. Pennsylvania Avenue, Suite 201

City Atlantic City State NJ Zip 08401

Telephone (609) 345-4441 FAX (609) 344-0008

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 8-2-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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.

Certificate of Land Use Compliance for the accessory parking lot at 26 S. Pennsylvania Avenue, Atlantic City, NJ 08401 Block: 138; Lot: 10. The certificate would be approximately 25-30 years old.

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

Paula Geletei

From: Ariane Nelson <anelson@ordrmail.com>
Sent: Thursday, August 03, 2017 1:37 PM
To: Paula Geletei
Subject: OPRA - Building Permit Records
Attachments: sample-export.xlsx

Good Afternoon,

My name is Ariane Nelson with ORDR (Open Records Data Retrieval). I am writing today to submit a request for public records. More specifically, I'm looking for a copy of electronic records (nothing scanned or printed) containing all residential and commercial building, and sub/trade (mechanical, electrical, plumbing, HVAC, etc.) permits issued from January 1, 1999 to present. (If from 1999 is too great of a range then 2014-present will suffice).

Back in February 2016, you helped to provide my colleague Alexandra Sherry with an excel document generated from your permit system containing this permit information. I have attached a sample of this document for reference. I would simply like to request this same type of document with the same fields of descriptive data if it is available. If it is not available, we can accept any format as long as it contains the permit information.

If there are any fees associated with this request for electronic information, please provide a detailed invoice before providing any records. Please let me know if have any questions, or if there is someone else I can contact for this information. I thank you in advance for your help and I look forward to hearing back.

--
Ariane Nelson
Data Specialist
Open Records Data Retrieval
anelson@ordrmail.com
(866) 950-6737 X103

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG -4 AM 10:

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 KAREN MI M Last Name OLEN

E-mail Address KMO3@COX.NET

Mailing Address 33891 ZARZITO DR

City DANA POINT State CA Zip 92629-2432

Telephone 949-870-0771 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 8/4/17

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) taxi cab medallion OWNER LIST with contact information

2) List of taxi cab sales 2015 to present and price SOLD FOR.

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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 7 AM 10:44

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-5408

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 Nate MI ___ Last Name Purlow

E-mail Address NaPurlow@ci.camden.nj.us

Mailing Address 520 Market Street Suite 105

City Camden State NJ Zip 08101

Telephone (856) 757-7145 FAX (856) 900-1437

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

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

Signature [signature] Date 8/4/17

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 charges 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 request of the office of the Municipal Clerk in Camden New Jersey:

Current Salary for the following titles:

Mayor, City Council, Business Administrator, Department Directors, Municipal Clerk, Tax Collector, Tax Assessor, Chief Financial Officer, Registrar of Vital Statistics, City Attorney, Judges

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 ___
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 ___

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name Nicholas MI J. Last Name Huba

E-mail Address Nhuba-epicureofgc.com

Mailing Address 1000 West Washington Ave

City Pleasantville State NJ. Zip 08232

Telephone 609-272-7016 FAX

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

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

Signature _____ Date 8/3/2017

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.

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

See 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

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 _____

- A list of names, positions, and salaries of all public employees in the municipality.
- A list of names and positions of all retirees since 2016

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 HAL MI ____ Last Name LESHNER

E-mail Address HLESHNER@STUMARINV.COM

Mailing Address 1544 DeKalb St

City NORRISTOWN State PA Zip 19401

Telephone 800-355-1199 FAX ____

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

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

Signature _____ Date 8/4/17

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 looking for the business license and any associated documents for the following business:
Unlocked Wireless, 3719 Ventnor Avenue
The customer # is MMUNL001
* I know it is misspelled in the system as "Unlocked Wireless"

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 ____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

0102 – Atlantic City - Atlantic

ACCURATE ABSTRACTS

2017 AUG -7 AM 7:52

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 Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

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

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

Signature Veronica Hartman Date 8/6/2017

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.

We request a copy of the "Tax Search Export" (**0102 txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG -8 AM 7:16

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Limited, 4600 S Ulster St Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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 Aimee K Pacheco 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.

Please email me a copy of any files found.

I need to know if there are any open code violations attached to this property.
1001 N Ohio Ave, Atlantic City, NJ
Block 628 / Lot 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

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 ____

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.,
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

2017 AUG -8 AM 7:28

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Limited, 4600 S Ulster St Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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 Aimee K Pacheco 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.

Please email me a copy of any files found.

I need to know if there are any open code violations attached to this property.
196 N California Ave, Atlantic City, NJ
Block 343 / Lot 11

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 ____
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 ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 AUG -8 PM 1:56

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.,
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name ERIC MI D. Last Name SHEPHERD JR

E-mail Address ESHEPHERD133@YAHOO.COM

Mailing Address 4 STANLEY COURT

City ATL. CITY. State N. J. Zip 08401

Telephone 856-409-0248 FAX

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

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

Signature [signature] Date 8 AUG. 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST COPY ORDINANCE 210 ROLLING CHAIRS
(2 copies)

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 ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
AUG -9 AM 11:47

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name Jim MI ____ Last Name O'Donnell

E-mail Address James.O'donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0275 FAX 610-668-5649

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

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

Signature [signature] Date 8/9/17

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.

Please see attached 3 pages

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 ____

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

Info@thetrace.org
thetrace.org

August 7, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain information pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNI.com

N.J.S.A. 47:1A-1

☐ "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

Burnett v. County of Bergen, 198 N.J. 408 (2009). Without ambiguity, the court held that the privacy provision "is neither a preface nor a preamble." Rather, "the very language expressed in the privacy clause reveals its substantive nature; it does not offer reasons why OPRA was adopted, as preambles typically do; instead, it focuses on the law's implementation." "Specifically, it imposes an obligation on public agencies to protect against disclosure of personal information which would run contrary to reasonable privacy interests."

Executive Order No. 21 (McGreevey 2002)

☒ Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.

☒ Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

☒ Certain records maintained by the Office of the Governor

☒ Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing

☒ Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments

☒ Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation

☒ Information in a personal income or other tax return

☒ Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed

☒ Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing

☒ Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.

(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.
2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the ***CITY OF ATLANTIC CITY***, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.
3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the ***CITY OF ATLANTIC CITY***
5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***CITY OF ATLANTIC CITY*** custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of $5.00 require a deposit of 100% of estimated fees.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, **and** who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.
7. By law, the ***CITY OF ATLANTIC CITY*** must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 AUG -9 PM 2:44

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-5408

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 Kerri MI L Last Name Kopervos

E-mail Address kkopervos@cooperlevenson.com

Mailing Address 1125 Atlantic Ave.

City Atlantic City State NJ Zip 08401

Telephone 609-572-7436 FAX 609-344-0939

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

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

Signature _____ Date 8/9/17

Payment Information

Maximum Authorization Cost: $

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 the following information for the property commonly known as 4400 Ventnor Avenue and Block 207, Lot 2 on the municipal tax map from January 1, 1997 to the present:

1. Copies of all documents contained in Planning Board file, including but not limited to, resolutions, engineering /planning reports and final approved site plan;
2. Copies of all documents contained in Zoning Board file, including but not limited to, resolutions, zoning permits and reports,
3. Copies of all documents contained in Building/Construction Department file; including but not limited to, applications, licenses, permits, certificates of occupancy or continued certificates of occupancy and violation notices,
4. Copies of all documents contained in Health Department file, including but not limited to all violation notices,
5. Copies of all outstanding violations and penalties (zoning, land use, building, and all other ordinances and codes),
6. Copies of all documents from all municipal departments pursuant to any and all environmental issues, if any,
7. Copies of all documents regarding unsatisfied conditions of approval, if any,
8. Copies of all Certificates of Land 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
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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG -9 PM 2:44

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Kerri MI L. Last Name Kopervos

E-mail Address kkopervos@cooperlevenson.com

Mailing Address 1125 Atlantic Ave.

City Atlantic City State NJ Zip 08401

Telephone 609-572-7436 FAX 609-344-0939

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

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

Signature _____ Date 8/9/17

Payment Information

Maximum Authorization Cost $

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 the following information for the property commonly known as 2701 Atlantic Avenue and Block 273, Lot 19 on the municipal tax map from January 1, 1997 to the present:

1. Copies of all documents contained in Planning Board file, including but not limited to, resolutions, engineering /planning reports and final approved site plan.
2. Copies of all documents contained in Zoning Board file, including but not limited to, resolutions, zoning permits and reports.
3. Copies of all documents contained in Building/Construction Department file, including but not limited to, applications, licenses, permits, certificates of occupancy or continued certificates of occupancy and violation notices.
4. Copies of all documents contained in Health Department file, including but not limited to all violation notices.
5. Copies of all outstanding violations and penalties (zoning, land use, building, and all other ordinances and codes).
6. Copies of all documents from all municipal departments pursuant to any and all environmental issues, if any.
7. Copies of all documents regarding unsatisfied conditions of approval, if any.
8. Copies of all Certificates of Land 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
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

2017 AUG -9 PM 2:45

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Kerri MI L. Last Name Kopervos

E-mail Address kkopervos@cooperlevenson.com

Mailing Address 1125 Atlantic Ave.

City Atlantic City State NJ Zip 08401

Telephone 609-572-7436 FAX 609-344-0939

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

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

Signature _____ Date 8/9/17

Payment Information

Maximum Authorization Cost $

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 the following information for the property commonly known as 2701 Atlantic Avenue and Block 273, Lot 19 on the municipal tax map from January 1, 1997 to the present:

1. Copies of all documents contained in Planning Board file, including but not limited to, resolutions, engineering /planning reports and final approved site plan.
2. Copies of all documents contained in Zoning Board file, including but not limited to, resolutions, zoning permits and reports.
3. Copies of all documents contained in Building/Construction Department file, including but not limited to, applications, licenses, permits, certificates of occupancy or continued certificates of occupancy and violation notices.
4. Copies of all documents contained in Health Department file, including but not limited to all violation notices.
5. Copies of all outstanding violations and penalties (zoning, land use, building, and all other ordinances and codes).
6. Copies of all documents from all municipal departments pursuant to any and all environmental issues, if any.
7. Copies of all documents regarding unsatisfied conditions of approval, if any.
8. Copies of all Certificates of Land 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

2017 AUG -9 PM 2:05

CITY OF ATLANTIC CITY – 1301 Bacharach Blvd Atlantic City, NJ 08401

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704

Phone No. (609)347-5510; Fax No. (609)347-5408

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 Jenn MI L Last Name Fuson

E-mail Address jcarroll@accelevator.com

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005

Telephone 609-660-8000 FAX 609-660-8336

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

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

Signature [signature] Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

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

This can be emailed or faxed.

Thank you very much!
Jenn

AGENCY USE ONLY

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

2017 AUG [illegible] AM 10:02

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Curren ~~Myers~~ MI Z Last Name Myers
E-mail Address cmyers@firstam.com
Mailing Address 3550 W Robinson Street, Third Floor
City Norman State OK Zip 73072
Telephone (405) 253-2437 FAX (800) 986-0586
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

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

Signature [signature] Date 8/9/17

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.

For a property located at 500 and 601 [redacted] Boardwalk, please provide the following:

- Code Violations: Please note whether there are currently any open/outstanding building, Zoning, or Fire code violations that apply to the subject property.
- Certificates of Occupancy: Please supply copies of any existing Certificates of Occupancy for the subject property.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

CITY CLERK'S OFFICE
2017 AUG 10 PM 2:44

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 F Last Name Myers
E-mail Address myers@myersdefense.com
Mailing Address 458 Tilton Rd. Suite 120
City Northfield State NJ Zip 08225
Telephone (609)-318-5299 FAX (609)-939-3686
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 Michael Myers 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.

For State v. Devin Dignam (Case # ATL-15-004044, Police Dept. No. 15-96236) and State v. William Perkins (same info as above), I ~~(a)~~ request ~~and~~ complete copies of the: (1) MVR / dash cam video; ~~and~~ (2) the body camera recordings and (3) the Stationhouse video from the September 30, 2015 arrest and investigation conducted by ~~the~~ Atlantic City Police Detective Gary Stowe.

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 ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI M Last Name Talmadge

E-mail Address calmarassociates@aol.com

Mailing Address 1415 13th Avenue

City Dorothy State NJ Zip 08317

Telephone _____ FAX _____

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

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

Signature [signature] 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.

Please see attached letter and figure.

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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 11 P 3:28

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Joe MI ____ Last Name Hernandez

E-mail Address jhernandez@whyy.org

Mailing Address 150 N 6th St.

City Philadelphia State PA Zip 19106

Telephone 215-351-5885 FAX ____

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

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

Signature [signature] Date 8-11-17

Payment Information

Maximum Authorization Cost $ 1

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 list of settlements made so far this year and in 2016 in lawsuits filed against the city of Atlantic City or any city department or employee. Specifically I'd like the settlement amounts, the lawsuit captions, and the case numbers.

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 ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 11 PM 2:26

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Joshua MI ____ Last Name Starkman

E-mail Address JMSMarineNJ@gmail.com

Mailing Address 202 12th Street

City Absecon State NJ Zip 08201

Telephone 609-666-7214 FAX ____

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

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

Signature [signature] Date 8-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Managment aggrement between city of AC and Scarborough Properties

Operating/constitution of Historic Gardners Basin

All leases between city of AC/Scarborough and Vendors at Gardners Basin

All bid Packages for Gardner's Basin

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 ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 11 AM 7:17

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony Dezenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 29 North Parker Avenue, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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**

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
AUG 11 AM 7:

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony R Dezenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 42 N. Stenton Place, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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**

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 AUG 11 AM 7:16

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony DeZenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 2541 Arctic Avenue, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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**

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 11 AM 9:47

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony Dezenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 1462 W. Riverside Drive, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 AUG 11 AM 7:17

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony Dezenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 2720 Fairmount Avenue, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 AUG 11 AM 9:27

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name **Anthony** MI **J.** Last Name **Dezenzo**

E-mail Address **anthony.dezenzo@kennedyscmk.com**

Mailing Address **c/o Kennedys CMK, LLP, 120 Mountain View Boulevard**

City **Basking Ridge** State **New Jersey** Zip **07920**

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

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 Anthony Dezenzo Date 8/8/2017

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.

The complete construction files pertaining to property located at 122 N. Laclede Place, Atlantic City, New Jersey 08401 including, but not limited to, the following documents:

1. **Any and all applications for construction permits;**
2. **Any and all final construction permits;**
3. **Any and all additional permits;**
4. **Any and all construction stop/halt orders;**
5. **Any and all applications for Certificates of Occupancy;**
6. **Any and all temporary Certificates of Occupancy;**
7. **Any and all amended Certificates of Occupancy;**
8. **Any and all current/final Certificates of Occupancy;**
9. **Any and all property inspection reports; and**
10. **Any and all other documents concerning construction, renovation and other work performed at the above-mentioned 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 ____

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Rec'd 8/8/17

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 J. Last Name Albuquerque, Esq.

E-mail Address richarda@djdlawyers.com

Mailing Address 3120 Fire Rd., Suite 100

City Egg Harbor, Twp State NJ Zip 08234

Telephone (609-641-6200 FAX (609-641-2677

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 7-27-17

Payment Information

Maximum Authorization Cost $ 500

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 mobile video recorder for the police vehicle, a copy the 911 call tape and a copy of the CAD report in reference to the automobile accident on 6-13-17 at 20:40 pm with case number 1706-0509. Driver of vehicle 2 is Steven Green.

No Video 8/11/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
AUG 14 PM 3:

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Janice MI A Last Name Gilmore
E-mail Address horn_fmane@MSN.COM
Mailing Address 12 N. New Hampshire Avenue
City Atlantic City State N.J. Zip 08401
Telephone 609 816-2519 FAX
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

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

Signature [signature] Date 8-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Discovery Report with video footage
case # 1707-0199 on 7-5-17
(accident report)

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 ____

CITY CLERK'S OFFICE
2017 AUG 14 PM 3:3

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Kevin MI M Last Name Leckerman

E-mail Address kl@leckermanlaw.com

Mailing Address 1101 Marlton Pike W

City Cherry Hill State NJ Zip 08002

Telephone 800 378 2110 FAX 800 313 8177

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 8/9/17

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.

Please provide any and all information concerning whether the Atlantic City Police Department has in-station video surveillance currently.

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 _____

17 AUG 14 AM 7:48

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Aimee MI K Last Name Pacheco
E-mail Address aimee.pacheco@pemco-limited.com
Mailing Address PEMCO Ltd, 4600 S Ulster St, Ste 530
City Denver State CO Zip 80237
Telephone 720-509-3245 FAX 303-284-8028
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 Aimee Pacheco Date 08/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

120 N Texas Ave RR, Atlantic City, NJ
Block 342 / Lot 9

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
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

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY CLERK'S OFFICE

Ph: 609-347-5510 Fax: 6093476408

2017 AUG 14 PM 12:40

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0102 – Atlantic City - Atlantic

FILE COPY

ACCURATE ABSTRACTS

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

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

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

Signature: Veronica Hartman Date: 8/14/2017

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 request a copy of the "Tax Search Export" (**0102 txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Bhavesh MI ____ Last Name Patel

E-mail Address bhavesh21@comcast.net

Mailing Address ____

City ____ State ____ Zip ____

Telephone ____ FAX ____

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

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

Signature B Patel 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.

Inactive ~~pkg~~ Liquor licenses phone number & address. (current.)

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 ____

FILE COPY

CITY ... CLERK

2017 AUG 16 PM 3:25

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Janice MI L Last Name Johnston

E-mail Address Johnstonjill2@gmail.com

Mailing Address 1001 Tilton Road

City Northfield State NJ Zip 08225

Telephone 609-214-1164 FAX 609-677-4477

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 Janice L. Johnston Date Aug. 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.

Requesting a list of Liquor license owners in Atlantic City, NJ.

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 ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-5408

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 GIBLIN, ESQ.

E-mail Address tgiblin@giblinlaw.com

Mailing Address 10 GARDNER SQ

City RIDGEWOOD State NJ Zip 07450

Telephone 201 670 3510 FAX 201 670 3511

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

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

Signature Thomas J Giblin Date 8/16/17

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.

POLICE REPORT FOR ACCIDENT ON 8/3/17 INVOLVING DRIVER: DEMETRIUS HOGUE.

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
Guideline: 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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 17 PM 2:46

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 ELINOR MI ____ Last Name COMLAY

E-mail Address elinor@rtfortv.com

Mailing Address 120 N. NEWPORT AVE

City VENTNOR State NJ Zip 08406

Telephone 609 541 9402 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.

I would like to request electronic records of all police and/or fire dispatches to any and all Atlantic City Casinos from Jan 1 2017 to date. I would like to know date, time and given reason for the call, as well as location. I would like to know any calls to closed casinos (Revel, Taj Mahal, Trump Plaza) as well as open casinos; Tropicana, Borgata, Harrahs, Caesar's, Bally's + Bally's Wild Wild West, Golden Nugget + Resorts.

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 ____

FILE COPY

2017 AUG 18 PM 1:52

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

2017 AUG 18 PM 1:52

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 Henry MI A Last Name GREEN

E-mail Address Henry.HANKGREEN@gmail.com

Mailing Address 145 S Rhode Island Ave Apt 1112

City A.C. State NJ Zip 08401

Telephone 609-453-8166 FAX

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

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

Signature [signature] Date 8/18/17

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 would like to request copy of Goldmedal Contract and anything related to Goldmedal company as it pertain to city of Atlantic city. Goldmedal sanitation.

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

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Benjamin MI ____ Last Name Fidalgo

E-mail Address BFIDALGO@LSNJ.ORG

Mailing Address South Jersey Legal Srvs. 1300 Atlantic Ave, Mezz floor

City Atlantic City State NJ Zip 08401

Telephone 609-348-4200 ext 6323 FAX 609-345-6919

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 8/18/17

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.

Landlord Registration Statements or Landlord Identity statements for the following address(es) in Atlantic City

427 N. Harrisburg Ave., 1st Floor
427 N. Harrisburg Ave., 2nd floor
427 N. Harrisburg Ave

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

2017 AUG 18 AM 7:40

FILE COPY

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Kari MI _____ Last Name Hogan

E-mail Address kari.hogan@pemco-limited.com

Mailing Address 4600 S Ulster st #530

City Denver State CO Zip 80237

Telephone 720-509-3261 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 Kari P Hogan Date 8/17/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please send documentation for any OPEN code violations for the below referenced property:

618 Drexel Ave
Atlantic City, NJ 08401
Lot 9 Block 430

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

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

FILE COPY

2017 AUG 21 AM

0102 – Atlantic City - Atlantic

ACCURATE ABSTRACTS

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 Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone *201-781-1833* FAX 201-596-0435

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

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

Signature Veronica Hartman Date 8/20/2017

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 request a copy of the "Tax Search Export" (**0102 txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent email address: tax@actiontitleresearch.com

Receipt of this file avoids the time spent on individual tax search requests and to the routine of the tax office. Should you have any questions please co If necessary, we will be happy to assist the collector with step by ste they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY AGENCY USE O

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 AUG 21 AM 8:0

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster St

City Denver State CO Zip 80237

Telephone 720-509-3254 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 HAVE NOT Jordan Sparacio Date 8/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open code violations on the property at 259 N TEXAS AVE

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

CITY OF ATLANTIC CITY - 1301 Bacharach Blvd Atlantic City, NJ 08401

2017 AUG 21 PM 3:28

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704

Phone No. (609)347-5510; Fax No. (609)347-5402

Important Notice

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

Requestor Information – Please Print

First Name James MI ____ Last Name Sandridge

E-mail Address cls@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 James Sandridge Date 08/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please check and advise for the below address if there are any open code violation and any open or expired building permits.

File # : 542384
Name : CUTLER, ROYAL B.
Parcel : BLOCK:243 LOT:1812
Address : 151 N Annapolis Avenue, Unit 12, Atlantic City NJ 08401

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

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 AUG 21 PM 3:32

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name James MI A Last Name Johnson

E-mail Address James.J0222@GMail.Com

Mailing Address 220 N. Newhampsire AVE Apt 1306

City Atlantic City State NJ Zip 08401

Telephone (609) 328-7247 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 James Johnson 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 Looking for the Report on June 8th 2017 ARREST REPORT FOR JAMES JOHNSON AT ABOVE ADDRESS. 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 _____

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 _____

4/1/17

2017 AUG 21 PM 2:47

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-5408

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 Priestess MI ____ Last Name Wallace

E-mail Address Priestesswallace@yahoo.com

Mailing Address PO Box 1654

City Atlantic City State NJ Zip 08404

Telephone 347-383-7854 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 8/18/17

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.

Good afternoon,
Regarding Complaint I made outbound April 11, 2017.
I am Priestess Wallace requesting Copy of Complaint and Findings regarding
105 S California Ave, Atlantic City NJ.
Complaint regarding Toxic odor/fumes in the air, causing me nausea, dizziness, faint, shortness of breath, irregular sleep.
I made complaint, by phone to, Code Inspector, Division of Code Enforcement/ Landlord Registration
1301 Bacharach Blvd. Room #112
Kathleen Donnelly, Field Representative/ Property Improvement Atlantic City Licensing & Inspections. Who did come out to property on a few visits.
I was told that the Code Inspector found Leaky Pipes in building.
I am requesting documents in writing at this time.

Thank you,
Priestess Wallace
Priestesswallace@yahoo.com
347-383-7844

Requesting Copy of Complaints for 105 S. California Ave Atlantic City, NJ. Code Inspector Informed me of Leaky Pipes Tenant

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 ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 22 AM 11:10

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Dominic MI ____ Last Name DeFamphilis

E-mail Address dom@djdlawyers.com

Mailing Address 3120 Fire Rd, Suite 100

City Egg Harbor Twp State NJ Zip 08234

Telephone 609 641 6200 FAX 609 484 8630

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 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash / Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

A copy of the police report, MVR, body camera footage, 911 call tape, CAD report, and color photographs for case # 1708-0253. DOA 8/5/17. Our client is Sabu Townsel.

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 ____

K I FL6 8/24/17

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 22 AM 7:19

CITY OF ATLANTIC CITY – 1301 Bacharach Blvd Atlantic City, NJ 08401

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704
Phone No. (609)347-5510; Fax No. (609)347-6408

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 Rich MI Last Name bapst

E-mail Address rbapst@dcrenv.com

Mailing Address 3900 North 10th STreet Suite 102

City Phil State PA Zip 19140

Telephone 6106084363 FAX 2154732951

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 Aug 21, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

i would like to stop in and review available property records for the below property within the Licenses and Inspections department / building dept and health dept. as i am performing a Phase I environmental site assessment on the property.
Marina property
400-22 Carson Avenue (even and odd); 430 Carson Avenue
Block 566, Lots 19 through 33
DCR project No. 2017199

thanks

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress – Open ____
Denied – Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

2017 AUG 22 PM 12:27

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 Guagenti

E-mail Address mguagenti@lewrcg.com

Mailing Address 181 US Hwy. 46

City Mine Hill State NJ Zip 07803

Telephone 908-654-8068 FAX 908-654-8069

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X(2) E-mail X(1)

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 8/22/17

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.

Was a lead abatement permit issued, was lead abatement performed, and what was the work that was detailed in the lead abatement permit application, if one existed for the following properties?

1) 1008 North Michigan Ave
2) 2014 Hamilton Ave.
3) 202 N Montpelier Ave.
4) 316 N. New York Ave.
5) 36 N Dover Ave.
6) 234 Arizona Ave.
7) 1428 N Ohio Ave.
8) 2913 Jackson Ter.
9) 1462 W. Riverside Dr.
10) 507 Grammercy Pl.

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 ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Angela MI L Last Name Bellis

E-mail Address Angela.Bellis@PEMCO-Limited.com

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237

Telephone 720-463-9088 FAX 303-284-8026

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 Angela Bellis Digitally signed by Angela Bellis Date: 2017.08.22 11:48:42 -06'00' Date 08-22-17

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.

PEMCO Limited represents Fannie Mae on the below referenced property to make sure the property is compliance with your municipality regarding registration and code violations.

3101 BOARDWALK TERRACE Unit 1106-1
ATLANTIC CITY, NJ 08401
Block: 28 Lot: 1

I need to know if there are any open code violations that need to be taken care of.

Thank you,

Angela Bellis

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

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name: JENNIFER MI: ____ Last Name: ROBERTS

E-mail Address: RESEARCH@OTES.COM

Mailing Address: 19 1/2 N FEDERAL AVE

City: MASON CITY State: IA Zip: 50401

Telephone: 800-886-4777 FAX: 888-358-7132

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: Jennifer Roberts Date: 8-22-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE THE DISPOSITION AND SENTENCING INFORMATION FOR CASE S2007010478. DEFENDANT IS LASHAY NEWMONES. IF THERE IS AN ACTIVE WARRANT ON THIS CASE PLEASE PROVIDE THE DATE IT WAS ISSUED.

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 ____

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Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Date

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Ltd, 4600 S Ulster St, Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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 08/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

3809 Ventnor 6, Atlantic City, NJ
Block 236 / Lot 22 / Qual C0106

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

2017 AUG 24 PM 12:36

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Jeff MI S Last Name Smith

E-mail Address jssmith@firstam.com

Mailing Address 54 Stony Rd.

City Edison State NJ Zip 08817

Telephone 908-510-7487 FAX 732-339-0506

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

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

Signature [signature] Date 8/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting printouts of PILOT information regarding block 62, lot 1 in Atlantic City; address: 500 Boardwalk owned by Polo North Country Club, LLC. Looking for PILOT figures for 2016, 2017 + 2018, including balances and paid dates. Thank you! - JS

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 ____

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 ____

Jeffrey Stachewicz, Counsel
c/o FOIA Group Inc.
P.O. Box 368, Depew, NY 14043
Tel: 716-608-0800, ext 502 / Fax: 716-608-7608
foia@foia.com

24 August 2017
Attn: PUBLIC RECORDS LIAISON
Atlantic City Police
Fax: (609) 347-6408

NJ OPRA REQUEST [FGI# 49043]

Good morning, under the provisions of the New Jersey Open Public Records Act, I hereby request a copy of the following documents identified to RFP146:

1) Contract
2) Bid Tabulation/Bid Scoring Sheet

Please reference our FGI case number in the subject line when corresponding for this request. If you have any questions please contact me at foia@foia.com. I agree to pay reasonable processing fees, however, please notify me if these fees exceed $55.00 for approval. Thanks, --- Rose Santos, c/o FOIA Group, Inc., P.O. Box 368, Depew, New York, 14043 Tel: (716) 608-0800, ext 502.

Regards,

Jeff Stachewicz, Esq.

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 AUG 24 AM 11

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 MARK MI ____ Last Name BOLNER

E-mail Address EASTCOASTRS56@GMAIL.COM

Mailing Address PO 386

City SOMERS PT State NJ Zip 08244

Telephone 609 226 9323 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 Mark Bolner Date 8-24-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CALLS FOR SERVICE @ SOUTH BARTRAM AVE – PARKING ISSUES SPECIFICALLY FROM 133 S. BARTRAM SUNDAY ONLY AND 911 CALLS AND NON EMERGENCY

FARMERS MKT PKG

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 ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.,
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

CITY CLERK'S OFFICE AUG 24 AM

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 Kayleigh MI L Last Name Sena

E-mail Address Kayleigh.Sena@marathonconsultants.com

Mailing Address 1611 Pacific Ave, Suite 501

City Atlantic City State NJ Zip 08401

Telephone (609)437-2100 FAX (609)437-2101

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 KS Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting copies of any tank permitting or tank closure/removal documents from the Construction Department or Environmental Health Department for the properties located at:

- 4012 Ventnor Ave (Block 196, Lot 8)
- 4014 Ventnor Ave (Block 196, Lot 7)

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 _____

RECEIVED 9/8
SENT 9/11

File

FILE COPY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP 11 AM 11:33

2017 SEP -5 A10:31

2017 SEP 8 PM 12:23

2017 AUG 24 AM

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.,
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-5518

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 MARK MI ____ Last Name BOLMER

E-mail Address EASTCOASTRS56@GMAIL.COM

Mailing Address PO 386

City SOMERS PT State NJ Zip 08244

Telephone 609 226 9323 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 Mark Bolmer Date 8-24-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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CALLS FOR SERVICE @ SOUTH BARTRAM AVE – PARK IN 6 ISSUES SPECIFICALLY: FROM 133 S. BARTRAM 911 CALLS SUNDAY ONLY AND JUNE – JULY – AUG – SEPT AND NON EMERGENCY FARMERS MKT PKG

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 # ____
Ready Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature

FILE COPY

2017 SEP -6 AM 10:31

2017 AUG 24

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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Requestor Information – Please Print

First Name MARK MI ____ Last Name BOLNER

E-mail Address EASTCOASTRS56@GMAIL.COM

Mailing Address PO 386

City SOMERS PT State NJ Zip 08244

Telephone 609 226 9323 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 Mark Bolner Date 8-24-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

CALLS FOR SERVICE @ SOUTH BARTRAM AVE – PARKING ISSUES SPECIFICALLY FROM 133 S. BARTRAM SUNDAY ONLY AND 911 CALLS AND NON EMERGENCY

FARMERS MKT PKG

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 Pro

Custodian Signature

FILE COPY

2017 SEP -6 AM 10:31

2017 AUG 24 PM 2:23

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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Requestor Information – Please Print

First Name MARK MI ____ Last Name BOLNER

E-mail Address EASTCOAST RS 56 @ GMAIL.COM

Mailing Address PO 386

City SOMERS PT State NJ Zip 08244

Telephone 609 226 9323 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 Mark Bolner Date 8-24-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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CALLS FOR SERVICE @ SOUTH BARTRAM AVE - PARKING ISSUES SPECIFICALLY FROM 133 S. BARTRAM SUNDAY ONLY AND 911 CALLS June - July - AUG - Sept AND NON EMERGENCY

FARMERS MKT PKG

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 # ____ Total

Recd Date ____ Deposit

Ready Date ____ Balance Due

Total Pages ____ Balance Paid

Records Provided

Custodian Signature

FILE COPY

2017 AUG 25 A 10:27

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name LINDA MI ____ Last Name BLOOMFIELD

E-mail Address 111 N. OCEAN AVE SEASIDE PK

Mailing Address lindabloomfield@mac.com

City SEASIDE PK State NJ Zip 08752

Telephone 732-710-1208 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 Linda Bloomfield Date 8-25-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1911 Grant Ave Atlantic City

~~ANY CODE VIOLATIONS.~~

ANY EXISTING VIOLATION - CODE

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 ____

2017 AUG 28 P12:52

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Ltd, 4600 S Ulster St, Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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 Aimee Pacheco Date 08/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

2 Stanley Court, Atlantic City, NJ
Block 36 / Lot 40

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 ____
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

____ Date

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY CLERK'S OFFICE
2017 AUG 28 AM 11:46

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 STUART MI J Last Name WEISS

E-mail Address STUART.WEISS215@COMCAST.NET

Mailing Address 215 N. HARVARD AVE

City Ventnor State NJ Zip 08406

Telephone 609-442-5682 FAX 0

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 Stuart Weiss Date 8-28-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 ANY AND ALL RECORDS ON MY BLDG LOCATED AT 101 S. DR MARTIN LUTHER KING BLVD, ALSO KNOWN AS 1616 PACIFIC AVE

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 _____

FILE COPY

Monica Webb

2017 AUG 20 AM 10:44

From: cblanding@smartprocure.us
Sent: Monday, August 21, 2017 7:33 AM
To: Monica Webb
Subject: SmartProcure OPRA Request City of Atlantic City For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Monica or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the City of Atlantic City for any and all purchasing records from 2017-05-12 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

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

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-637-0742 | Support: 888-988-6348
Email: cblanding@smartprocure.us | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-347-5510 Fax: 6093476408

2017 AUG 28 AM 7:22

PUBLIC RECORDS

9 - 7

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/26/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

0102 – Atlantic City - Atlantic

2017 AUG 28 AM 11:40

ACCURATE ABSTRACTS

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 Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

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

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

Signature Veronica Hartman Date 8/28/2017

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 request a copy of the "Tax Search Export" (**0102 txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

2017 AUG 23 PM 12:28

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

9-7

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 Erin MI N Last Name Serpico

E-mail Address eserpico@pressofac.com

Mailing Address 1000 W Washington Ave

City Pleasantville State NJ Zip 08232

Telephone 609-272-7239 FAX 609-272-7224

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

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

Signature Erin Serpico Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

As a reporter with The Press of Atlantic City, I would like to request a copy of all bids and proposals submitted to the RFP for the development of Bader Field (RFP # 17-29).

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

Date

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

9-7

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 Erin MI N Last Name Serpico

E-mail Address eserpico@pressofac.com

Mailing Address 1000 W Washington Ave

City Pleasantville State NJ Zip 08232

Telephone 609-272-7239 FAX 609-272-7224

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

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

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

As a reporter with The Press of Atlantic City, I would like to request a copy of all bids and proposals submitted to the RFP for the development of Bader Field (RFP # 17-29).

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

____
Date

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Ltd, 4600 S Ulster St, Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8028

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

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

Signature [signature] Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

3501 Pacific #83, Atlantic City, NJ
Block 186 / Lot 13 / C0212

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 _____
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

CITY OF ATLANTIC CITY
CITY CLERK

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 AUG 29 AM 11:54

Office of the City Clerk, Room 704, 1301 Bacharach Blvd.,
Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 Pam MI ____ Last Name LaPlante

E-mail Address pam@elitepropertyresearch.com

Mailing Address 3659 Cortez Rd W #110

City Bradenton State FL Zip 34210

Telephone 941 747 0600 FAX 866 491 3226

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

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

Signature Pam LaPlante Date 08/29/2017

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.

I am requesting copies of open permits and open code violations on the following property:
526 Pacific Ave #506 Atlantic City Block 63 Lot 1 Qual C0506
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 ____
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 ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

2017 AUG 29 AM 11:

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 Yessenia MI ____ Last Name Bell

E-mail Address yessenia.bell@kw.com

Mailing Address ____

City ____ State ____ Zip ____

Telephone (732) 277-2530 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 Yessenia Bell 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.

Requesting if permits were done for the kitchens, bathrooms, central air/HVAC, and outdoor sheds. Any other found permits are appreciated too. This is for 3114-3116 Fairmount Ave., Atlantic City, NJ. 08401.

Please send to my email address. Thank you! YB.

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 AUG 29 PM 2:31

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-5408

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

Guberman, Benson + Calise, LLC.

First Name Stacy MI S Last Name Benson, ESQ

E-mail Address Sbenson@gbclawfirm.com

Mailing Address 141 Union Ave.

City Middlesex State NJ Zip 08846

Telephone 732-748-1008 FAX (732) 748-1001

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 7/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any + all records, including
+ax assessors records, violations, inspections, applicable
statutes, rules, regulations + ordinances, relating to the
Borgata Hotel Casino + Spa, 1 Borgata Way, Atlantic City
1/1/15 → 1/1/16

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 ____

2017 AUG 29 P

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name Alfred MI D. Last Name Thomas

E-mail Address alfred_thomas10@aol.com

Mailing Address 1910 N. Michigan Ave.

City Atlantic City State NJ Zip 08401-1414

Telephone (609) 345-1692 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 Alfred D. Thomas Date 8/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting an "inspection" of work in my home after Super Storm Sandy in 2012. The contractor (All Right, did not apply for a permit. REEM has asked us to get documentation of this work. This includes Hot Water heater - Furnace - Air Conditioner replacement.

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

_____ Date

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

2017 AUG 28

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 John MI ____ Last Name Donnelly

E-mail Address JDonnelly@donnellyclark.com

Mailing Address 24 Georgetown Court

City Linwood State NJ Zip 08221

Telephone 609-347-1199 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 JDonnelly Date 8-28-17

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.

All bills or invoices or payments from or to the DeCotiis, Fitzpatrick & Cole, LLP ("Firm") and any other law firm or expert relating to the Dkt. ATL-L-2047-10 Mooney v. City of Atlantic City for the period following March 1, 2016 to date which request and time period includes: (1) the trial of the case and post-trial actions; (2) the post-trial period relating to the case; and (3) the period of the appeal to the Appellate Division, Dkt. No: A-2293-13TA relating to the case; and (4) the certification application to the Supreme Court relating to the case; and (5) the post certification + remand period in the matter entitled Mooney v. City of Atlantic City. To be clear this request includes bills, invoices, or payments relating to the case to/from DeCotiis firm or any expert retained or consulted relating to the case.

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

AUG 30 PM 3:27

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 JOHN MI H Last Name TAIMANGLO

E-mail Address TACK.TAIMANGLO@YAHOO.COM

Mailing Address 4705 ATL. BAY. BLVD.

City BRIGANTINE State N.J. Zip 08203

Telephone 609-344-1702 FAX 609-264 5065

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.

1. PARKING METER REVENUE FOR 2017
ALL REVENUES. JAN TO AUG 31, 2017 ALSO
NO. OF METERS FOR 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 _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2016 DEC 30 PM 3:20

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

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 JOHN MI H Last Name TRIMMER

E-mail Address JACK.TRIMANGLO@YAHOO.COM

Mailing Address 4705 ATLANTIC BLVD

City BRIGANTINE State N.Y. Zip 08203

Telephone 609-344-1702 FAX 6092645065

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.

1. PARKING METER REVENUE FOR 2016
ALL REVENUES. JAN 1, 2016 DEC-31, 2016 ALSO
NO. OF METERS FOR 2016

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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 ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-6408

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI M Last Name Talmadge

E-mail Address mtalmadge@calmarassociates.com

Mailing Address 1415 13th Avenue

City Dorothy State NJ Zip 08317

Telephone _____ FAX _____

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

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

Signature Matthew M Talmadge Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached letter and figures.

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

_____
Date

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Bacharach Blvd., Atlantic City NJ 08401

Phone No. (609)347-5510 Fax No. (609)347-6408

17 AUG 31 P12:00

Important Notice

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

Requestor Information – Please Print

First Name Robert MI ____ Last Name Conklin

E-mail Address r.conklin@propertydebtresearch.com

Mailing Address 6801 Palisades Park Ct., Ste 2

City Ft. Myers State FL Zip 33912

Telephone 877-543-6669 x218 FAX 239-206-4396

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 Robert Conklin Date 08-31-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide copies of only open code enforcement, property maintenance, or nuisance violations. Please provide copies of only open or expired permits. Please provide copies of any assessments (grass mow, misc. invoices). Please provide any fines, fees, balances, or municipal liens due.

422 N. HARRISBURG AVE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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AGENCY USE ONLY

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Ready Date ____
Total Pages ____

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Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____