CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 NOV -1 AM 7:40

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 Christopher MI A Last Name Barrett

E-mail Address cbarrett@cooperlevenson.com

Mailing Address 1125 Atlantic Avenue - Third Floor

City Atlantic City State NJ Zip 08041

Telephone 609-572-7462 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 Christopher A Barrett Date 10/31/17

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.

1. Any and all handbooks or personnel manuals of the Atlantic City Police Department. Specifically I am requesting the ACPD handbook(s) in effect in 2012 and 2013 .
2. The most current Atlantic City Police Department Handbook.
3. The final offer of employment from the Atlantic City Police Department to former Special Law Enforcement Officer II, Steven P. Sooy or Steve Sooy. For ease of reference Mr. Sooy was employed by the Atlantic City Police Department from April 27, 2012 to May 31, 2013.

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 ____

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 NOV -3 PM 12:55

Important Notice

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Requestor Information – Please Print

First Name Sara MI ____ Last Name Catricks

E-mail Address sarantoula@gmail.com

Mailing Address 2305 Atlantic Ave

City Atlantic City State NJ Zip 08401

Telephone 609-345-8181 FAX 609-345-8868

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

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

Signature [signature] Date 11-05-2017

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.

4009 Ventnor Ave, 26 N Montpelier Ave, 4 Stanley Court, 2305 Atlantic Ave, 1825 Arctic Ave, 520 Drexel Ave, 39-43 N Mansion, 121 S Texas Ave, 123 S Texas Ave, 3 Long Terrace, 1809 Hummock Ave, 1924 Magellan Ave, 719 Drexel Ave, 2817 Arctic Ave, 1817 Arctic Ave

All properties are Atlantic City NJ 08401

10's

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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 NOV -8 PM 1:29

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 Monique MI N Last Name Anderson

E-mail Address Monique.Anderson582@hotmail.com

Mailing Address 1001 N. Michigan Ave. Apt A2

City Atlantic State NJ Zip 08401

Telephone (609) 727-7335 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 Monique Anderson Date 11-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I have an issue with my new landlord and neighbors. My landlord stuck her up the phone in my ear after letting him know there was a problem with my hot water heater then later that night my new neighbors began harassing me. I need the neighbors name for complaint. My neighbors are in Apt A-1 1001 Michigan Ave 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

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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 _____

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 Nicole MI A Last Name Muth

E-mail Address nmuth@psands.com

Mailing Address Central Monmouth Business Park, 1433 Highway 34, Suite A-4

City Wall State NJ Zip 07727

Telephone 848-206-2630 FAX 732-751-0008

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 NMuth Date October 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

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Extras: Special service charge dependent upon request.

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I am requesting copies of the full ordinances referenced below. The following ordinance numbers were sourced from City of Atlantic City eCode Chapter DL: Disposition Legislation:

-14-1996: Huron North Development Agreement (3-27-1996)
-75-1997: Huron North Development Agreement (Amendment Mirage) (12-17-1997)
-61-1998: Huron North Development Agreement Amendment (10-21-1998)
-70-1998: Huron North Development Agreement Amendment (12-16-1998)
-49-2000: Amendment to North Huron Development Agreement (Ordinance No.14-1996) (9-6-2000)
-3-2003: Huron North Development Agreement Amendment (2-19-2003)
-4-2003: Consent to Mortgage a portion of Huron North Development Area (2-19-2003)
-32-2003: Consent for lease agreement for a portion of Huron North Redevelopment Area and Leasehold mortgage (5-28-2003)
-13-2004: Huron North Redevelopment Plan Amendment (2-25-2004)
-8-2006: Huron North Redevelopment Plan Amendment (3-8-2006)
-24-2008: Amendment of Huron North Redevelopment Plan (4-9-2008)

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

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
CITY CLERK
17 NOV -3 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

Important Notice

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

Requestor Information – Please Print

First Name Camille MI S Last Name CURTIN

E-mail Address HHTCAMILLE@AOL.COM

Mailing Address FOX + ROACH, 9211 VENTNOR AVE

City Margate State NJ Zip 08402

Telephone 609-487-7234 FAX 609-822-4072

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 Camille A. Curtin Date 11/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Oil Tank Paperwork for following property:

109 S. ALBION PL

ATLANTIC CITY, NJ 08401

We represent the present owner: JOSEPH WHELAN

THANK YOU

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

CITY CLERK'S OFFICE
2017 OCT 23 PM 1:33

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 Tim MI J. Last Name Boland

E-mail Address tim@parkplaceparking.net

Mailing Address 114 S. New York Ave

City Atlantic City State NJ Zip 08401

Telephone 609-347-7500 FAX 609-347-0300

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

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

Signature [signature] Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- Boardwalk Rolling Chairs, LLC bid package from bid #17-27.

- Proof of Payment of Rolling Chair License Fee for Boardwalk Rolling Chairs, LLC due October 1st 2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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In Progress - Open ____
Denied - Closed ____
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 NOV -6 A11:45

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 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 _____ Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

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

This can be emailed or faxed.

Thank you very much!
Jenn

AGENCY USE ONLY

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

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 NOV -6 AM 7:32

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 11/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"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)347-5310 Fax No. (609)347-5408

Important Notice

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Requestor Information – Please Print

First Name: Donald MI: C. Last Name: Cramer

Email Address: dcramer-env@hotmail.com

Mailing Address: 11 Silver Avenue

City: Glassboro State: NJ Zip: 08028

Telephone: (703) 282-1601 FAX: (703) 931-6236

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

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

Signature: [signature] Date: 11/6/2017

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.

I am requesting copies of any information on file with the Licensing & Inspections Departments, Division of Fire, Health and Human Services and Planning and Development specifically related to underground and aboveground storage tanks, hazardous materials use and storage, septic systems, wells and spill/release incidents at the Baltic Plaza Apartments, 1313 Baltic Avenue (Block 405, Lot 9). Thank you very much for your assistance.

AGENCY USE ONLY

Est. Duplication Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____
Total Est. Cost: _____
Deposit Amount: _____
Balance/Due Balance: _____
Deposit Date: _____

AGENCY USE ONLY

Disposition Notes:
Custodians: 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 #: _____
Ready Date: _____
Ready Date: _____
Total Pages: _____

Total 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 NOV -7 P 4:22

Important Notice

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Requestor Information – Please Print

First Name KEITH MI E. Last Name ZAID

E-mail Address keithezaidpa@comcast.net

Mailing Address 1548 Atlantic Ave.

City Atlantic City State NJ Zip 08401

Telephone (609) 347-1159 FAX (609) 348-4410

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

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

Signature [signature] Date 11-3-17

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

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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.

Need any and all information on Jitney # 209, who was involved in an accident with my client, Patricia Nelson.

AGENCY USE ONLY

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

AGENCY USE ONLY

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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature Date

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 NOV -9 PM 1:45

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 J Last Name MAURO

E-mail Address DJMAURO@VERIZON.NET

Mailing Address 2301 EVESHAM RD SUITE 208

City VOORHEES State NJ Zip 08043

Telephone 856 371 8077 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

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Extras: Special service charge dependent upon request.

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

LIST OF ACTIVE AND INACTIVE LIQUOR LICENSES

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 NOV 12 PM 3:04

0102 – Atlantic City - Atlantic

ACCURATE ABSTRACTS

Important Notice

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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 11/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We 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

2017 NOV 13 PM 2:58

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 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 11-7-17

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 of the 911 call tape and a copy of the CAD report in reference to the auto mobile accident on 8-18-2017 at 20:33pm with case number 1708-0847. Driver of vehicle 1 is Cory Noble.

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 Stacy MI ____ Last Name Konstam

E-mail Address SKonstam@doratbensimon.com

Mailing Address 20295 NE 29th Place, Ste 201

City Aventura State FL Zip 33180

Telephone (305) 921-9421 FAX (305) 395-3978

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 Stacy A. Konstam Date 11/10/17

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.

I am a Florida probate attorney (FL Bar # 104766). I request sale comparables for taxicab transfers and sales. We are working on a Florida probate matter and attempting to sell a taxicab License and need to submit comparables to the Court.

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

2017 NOV 13 PM 1:51

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 DOUGLAS MI ____ Last Name BROWN

E-mail Address CRABDAD1@HOTMAIL.COM

Mailing Address 1270 EAST SHORE DRIVE

City Brigantine State NJ Zip 08203

Telephone 609 377 1419 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 Douglas Brown Date 11-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting a list of all outstand unpaid Terminal leave balances accumulated by retiring employees from 1-1-16 until 11-13-17 To include retirement dates, total sick time balances, vacation balances and comp time. Any payments made to the retired employees for accumulated sick, vacation & compT

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

13 AM 7:45

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 Rosemarie MI ____ Last Name DeMatteo

E-mail Address KATSHOM17@AOL.COM

Mailing Address 41 Stillwell Avenue

City Yonkers State NYS Zip 10704

Telephone 914-450-9268 FAX 914-237-5647

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

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 Rosemarie DeMatteo Date 11-10-17

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.

I would like a copy of the bug inspection of room 2790 - dates October 29-31, 2017. I was notified that there was a bed bug infestation in that room. The Borgata Hotel "water Club room 2790" Atlantic City, N.J.

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

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-347-5510 Fax: 6093476408

2017 NOV 13 AM 7:44 PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Rec'd 11/22/17 LL

Start Date 10/28/2017

End Date 11/10/2017

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

_____ 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 OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 NOV 16 PM 3:50

Important Notice

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

Requestor Information – Please Print

First Name Jessica MI M Last Name Pitts

E-mail Address jpitts@ArmadaAnalytics.com

Mailing Address 55 Beattie Place Suite 1510

City Greenville State SC Zip 29601

Telephone 864-751-4020 FAX

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

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

Signature _____ Date 11/16/17

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.

Please provide information regarding any open Fire Code, Building Code and Zoning Code Violations, as well as copies of the Certificates of Occupancy for the following property:

Best of Life Park Apts
129 South Virginia Ave
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 _____
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

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 NOV 17

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 Fred MI H Last Name Enzman

E-mail Address fhenzman@vanguardadjusters.com

Mailing Address P.O. Box 835

City Woodbury State NJ Zip 08096

Telephone 856-853-8200 ext 110 FAX 856-848-6060

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

either mail or email

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 Fred Enzman Date 11/14/2017

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.

Fire Report

Insured: Zenaida Mateo

Date of fire: 10/26/2017

Location: 30 N Hartford Ave.
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 ____

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

FILE COPY

2017 NOV 17 P 30

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 Michal MI M Last Name TREYLER

E-mail Address MTREYLER@LIQUORLICENSEPANT.COM

Mailing Address 770 Rt. 220

City Muncy Valley State PA Zip 17768

Telephone 570-482-2222 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 Michal M Treyler Date 11-17-17

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.

I would like to receive a complete list of all liquor licenses in the City of Atlantic City, NJ. This list needs to include license number, status, business name, t/a name (if applicable), business address, mailing address (if applicable), owner name and address and any other owner information that may be available such as address, telephone number or email address.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

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 OCT 20 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 LISA MI R Last Name Aberman

E-mail Address LABERMAN@DJDLAWYERS.com

Mailing Address 3120 Fire Road

City Egg Harbor Twp State NJ Zip 08234

Telephone 6096416200 FAX 6096484680

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

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

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding accident on 8/31/17 involving pedestrian Sarah Kotokpo please provide
- photographs
- CAD log
- 911 calls
- DVR/body camera footage

Case # 1708473 - police report 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 _____

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 Lisa MI R Last Name Aberman

E-mail Address LABERMAN@DJDLAWYERS.com

Mailing Address 3120 Fire Road

City Egg Harbor Twp State NJ Zip 08234

Telephone 609 641 6200 FAX 609 [illegible] 4648650

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

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

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request

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

Regarding accident on 8/31/17 involving pedestrian Sarah Kotokpo, please provide
- photographs
- Dash/body camera footage
- CAD log
- all calls

12:33pm

Case # 17081473 - police report 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 _____
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 _____

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 NOV 20 A10:22

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 S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
60	4	DGMB Casino LLC	104 S Pennsylvania Avenue
60	5		110 S
60	6		114 S
60	7		118 S
60	8		120 S

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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

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 NOV 29 AM 10:22

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 S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
60	9	DGMB Casino LLC	134 S Pennsylvania Avenue
60	10		136 S Pennsylvania Avenue
60	11		138 S Pennsylvania Avenue
60	14		1121 Boardwalk
60	15		1109 Boardwalk

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 ____

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 Michael MI S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
60	16	DGMB Casino LLC	Air Rights North Carolina
60	17	↓	Monroe Avenue
60	19		Monroe Avenue
60	28		Monroe Avenue
60	30		145 S North Carolina 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 ____
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 ____

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)347-6406

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 S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 9082088387 FAX 973-376-9104

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 Michael S Newman Date 11/20/2017

Payment Information

Disclosure 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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + payment status

Block	Lot	Owner	Address
60	31	DGMB Casino LLC	139 S North Carolina Avenue
60	33		133 S North Carolina Avenue
60	34		127
60	35		121
60	36		115
60	37		109

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 ____

...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 Michael MI S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

Payment Information

Minimum 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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + payment status

Block	Lot	Owner	Address
60	38	DGMB Casino LLC	101 S North Carolina Avenue
60	39.01		1137 Boardwalk
60	39.02		1139 Boardwalk

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 ____

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

2017 NOV 20 AM 10:22

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 S Last Name Newman

E-mail Address MiNewman@Signaturenfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

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.

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PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
60	12	[redacted]	152 S Pennsylvania Avenue
↓	13	↓	158 S Pennsylvania Avenue
	18		155 S North Carolina Ave
	21		153 ↓
	22		Manson Avenue

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

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 ____

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 Michael MI S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Drive

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

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

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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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + payment Status

Block	Lot	Owner	Address
56	38	DGMB Casino LLC	124 S South Carolina Ave
56	50	↓	112 S South Carolina Ave
57	9		149 S South Carolina Ave
1	142		1100 Boardwalk

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 ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 704, 1301 Baccharach 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 S Last Name Newman

E-mail Address MiNewman@Signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 9082088387 FAX 973-376-4104

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 Michael S Newman Date 11/20/2017

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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
56	27	DGMB Casino LLC	173 S Ocean Ave
56	29		177 S Ocean Ave
56	30		179 S Ocean Ave
56	31		181 S Ocean 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 ____
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 ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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Requestor Information – Please Print

First Name Michael MI S Last Name Newman

E-mail Address MiNewman@Signatureinfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 9082088387 FAX 973-376-4104

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

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Signature Michael S Newman Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

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PILOT (Payment in lieu of taxes) 2017 Billed amt. + payment status

BLOCK	LOT	OWNER	Address
60	25	[redacted]	147 S North Carolina Ave
	26		147 S North Carolina Ave
	29		158 S Pennsylvania Ave
	29		152 S Pennsylvania 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 ____

[illegible] 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

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Requestor Information – Please Print

First Name Michael MI S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 College Cove

City Springfield State NJ Zip 07081

Telephone 9082088387 FAX 973-376-4104

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

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Signature Michael S Newman Date 11/20/2017

Payment Information

Minimum 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.

PILOT (Payment in lieu of taxes) 2017 Billed amt. + payment status

Block	Lot	Owner	Address
60	23	Fairview Resorts [redacted]	151 S North Carolina Ave
60	24		Mansion Ave
60	32	Poppy Hall LLC	135 S North Carolina 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 ____
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 ____

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 S Last Name Newman

E-mail Address MiNewman@signatureinfo.com

Mailing Address 29 Cottage Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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

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Signature Michael S Newman Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages – $0.05 per page
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Delivery: Delivery / postage fees additional depending upon delivery type.

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PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
58	10	DGMB Casino LLC	156 S North Carolina
58	11	↓	157 S Chalfonte Aste
56	5		113 S Ocean Ave
56	14		137 S Ocean Ave
56	15		139 Socean Avenue

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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 ____

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 Michael MI S Last Name Newman

E-mail Address MiNewman@signaturenfo.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 208 8387 FAX 973-376-4104

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

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Signature Michael S Newman Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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PILOT (Payment in lieu of taxes) 2017 Billed amt. + Payment Status

Block	Lot	Owner	Address
56	20	DGMB Casino LLC	147 S Ocean Avenue
56	21		161 S Ocean Avenue
56	23		165 S Ocean Avenue
56	24		167 S Ocean Avenue
56	25		169 S Ocean Avenue

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

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 OCT 27 AM 6:55

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)347-5810 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 Joel MI R. Last Name Rosenberg, Esq.

E-mail Address skenney@stark-stark.com

Mailing Address 401 Route 73 N Suite 130

City Marlton State NJ Zip 08053

Telephone 856-874-4443 FAX 856-874-0133

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 Joel R. Rosenberg Date 10-26-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of CAD activity reports and 911 calls with regard to the accident that occurred on 7/3/17 at 10:58 p.m. on Brigantine Blvd N in Atlantic City, Atlantic County, that involved our client, Jahmaal Glover. Attached is a copy of the New Jersey Police Crash Investigation Report, Case#1707-0143.

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

2017 NOV 20 AM 8:31

OPEN PUBLIC RECORDS ACT REQUEST FORM

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: 11/19/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"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 Nicole MI A Last Name Muth

E-mail Address nmuth@psands.com

Mailing Address Central Monmouth Business Park, 1433 Highway 34, Suite A-4

City Wall State NJ Zip 07727

Telephone 848-206-2630 FAX 732-751-0008

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 [signature] Date October 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.

I am requesting copies of the full ordinances referenced below. The following ordinance numbers were sourced from City of Atlantic City eCode Chapter DL: Disposition Legislation:

-14 -1996: Huron North Development Agreement (3-27-1996)
-75 -1997: Huron North Development Agreement (Amendment Mirage) (12-17-1997)
-61- 1998: Huron North Development Agreement Amendment (10-21-1998)
-70- 1998: Huron North Development Agreement Amendment (12-16-1998)
-49- 2000: Amendment to North Huron Development Agreement (Ordinance No.14-1996) (9-6-2000)
-3- 2003: Huron North Development Agreement Amendment (2-19-2003)
-4- 2003: Consent to Mortgage a portion of Huron North Development Area (2-19-2003)
-32- 2003: Consent for lease agreement for a portion of Huron North Redevelopment Area and Leasehold mortgage (5-28-2003)
-13- 2004: Huron North Redevelopment Plan Amendment (2-25-2004)
-8-2006: Huron North Redevelopment Plan Amendment (3-8-2006)
-24-2008: Amendment of Huron North Redevelopment Plan (4-9-2008)

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

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 Aimee MI K Last Name Pacheco

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

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail 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 11/2/17

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.

Please e-mail my response to this OPRA request.

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

101 S Raleigh 818, Atlantic City, NJ
Block 12 / Lot 1 / C0818

Thank you!

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 Kayleigh MI L Last Name Sena

E-mail Address Kayleigh.Sena@marathonconsultants.com

Mailing Address 1616 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 [signature] Date 11/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached letter.

AGENCY USE ONLY

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

AGENCY USE ONLY

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 ____

MARATHON
Engineering & Environmental Services
WWW.MARATHONCONSULTANTS.COM

November 1, 2017

RSC 036.01

Paula Geletei, City Clerk
City of Atlantic City
1301 Bacharach Boulevard, Room 704
Atlantic City, New Jersey 08401

RE: **Paparone Property**
110 S. New Hampshire Avenue
Block 77, Lot 3
City of Atlantic City, Atlantic County, New Jersey

Dear Ms. Geletei:

Marathon Engineering & Environmental Services, Inc., (Marathon) is conducting a Phase I Environmental Site Assessment for the above referenced property. We request information your office may have regarding illegal waste discharges, underground and/or above ground storage tank information, environmental contamination and violations of environmental laws and/or permits at this location. In addition, we would like information your office may have regarding the following:

- Prior uses of the property;
- Conditions or events related to the environmental condition of the property;
- Any prior assessments of the property; and,
- Any proceedings involving the property.

Enclosed please find the completed Request for Access to Government Records Form for the City of Atlantic City.

Thank you for your time and cooperation. If you have any questions or comments, please contact me at (609) 437-2100 or via email at kayleigh.sena@marathonconsultants.com.

Sincerely,

Marathon Engineering & Environmental Services, Inc.

Kayleigh Sena,
Environmental Scientist

Enclosure (1)

P:\RSC03601\Phase I\Inquiries\RSC03601_ACClerk.docx

CITY CLERK'S OFFICE
2017 NOV -1 AM 7:10

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 Christopher MI A Last Name Barrett

E-mail Address cbarrett@cooperlevenson.com

Mailing Address 1125 Atlantic Avenue - Third Floor

City Atlantic City State NJ Zip 08041

Telephone 609-572-7452 FAX

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

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

Signature [signature] Date 10/31/17

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.

1. Any and all handbooks or personnel manuals of the Atlantic City Police Department. Specifically I am requesting the ACPD handbook(s) in effect in 2012 and 2013 .
2. The most current Atlantic City Police Department Handbook.
3. The final offer of employment from the Atlantic City Police Department to former Special Law Enforcement Officer II, Steven P. Sooy or Steve Sooy. For ease of reference Mr. Sooy was employed by the Atlantic City Police Department from April 27, 2012 to May 31, 2013.

AGENCY USE ONLY

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

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 ____

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

2017 NOV

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 June MI ____ Last Name Watson

E-mail Address cls@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420, Dallas TX 75234

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 Yes

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 june Date 11/01/2017

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 advise if there are any unrecorded special assessments (open invoices/Liens) that are not recorded on the tax bill and /or if any special assessments have been transferred to the county to be assessed to the property taxes such as weeds, tall grass mowing, fees, fines etc. for the stated property. Also please advise if there are presently any OPEN/EXPIRED Building permits
and / or OPEN Code violations that needs to be addressed for the same for the following property:
Address: 2721 BOARDWALK #906 Atlantic City NJ 08401
Parcel: Block 31 Lot 2

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 Aimee MI K Last Name Pacheco

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

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail 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 11/2/17

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.

Please e-mail my response to this OPRA request.

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

101 S Raleigh 818, Atlantic City, NJ
Block 12 / Lot 1 / C0818

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
CITY CLERK'S OFFICE
2017 NOV -3 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)347-5408

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 Camille MI S Last Name CURTIN
E-mail Address HHTCAMILLE@AOL.COM
Mailing Address FOX + ROACH, 9211 VENTNOR AVE.
City MARGATE State NJ Zip 08402
Telephone 609-487-7234 FAX 609-822-4072
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 Camille A. Curtin Date 11/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Oil Tank Paperwork for following property:

109 S. ALBION PL
ATLANTIC CITY, NJ 08401

To represent the present owner: JOSEPH WHELAN

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 ____

* this opra was hand-delivered on Friday December 01, 2017.

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 DEC -1 PM 1:25

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)347-5519 Fax No. (609)347-6408

Important Notice

This 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 Sara MI ____ Last Name Catrickes

E-mail Address saramtevla@gmail.com

Mailing Address 2305 Atlantic Ave

City Atlantic City State NJ Zip 08401

Telephone 609-345-8181 FAX 609-345-8868

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

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

Signature _____ Date 11/21/17

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.

Land Use Request - CERTIFICATES

- 4009 Ventnor Ave
- 26 N Montpelier Ave
- 4 Stanley Court
- 2305 Atlantic Ave
- 1825 Arctic Ave
- 520 Drexel Ave
- 39-43 N Mansion Ave
- 121 S Texas Ave
- 123 S Texas Ave
- 3 Long Terrace
- 1809 Hummock Ave
- 1924 Magellan Ave
- 719 Drexel Ave
- 2817 Arctic Ave
- 1817 Arctic 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 ____

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 KEITH MI E. Last Name ZAID

E-mail Address lugo.keithezaidpa@comcast.net

Mailing Address 1548 Atlantic Avenue

City Atlantic State NJ Zip 08401

Telephone (609) 347-1159 FAX (609) 348-4410

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

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

Signature [signature] Date 11/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Date of Incident: 8/14/16 on or about 4:40 pm - Location: New Hampshire Avenue, ACNJ Claimant/Passenger of Jitney #209, Patricia Nellom. Jitney driver closed door on passenger, striking passenger with door. I need Jitney #209 information including but not limited to owner on record, insurance on record, any and all information you may have for said Jitney on said date of incident.

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 ____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

ATLANTIC COUNTY CLERK'S OFFICE
2017 NOV -6 AM 7:32

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 11/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

•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 CLERK'S OFFICE

2017 NOV -6 AM 10:45

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 _____ Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hi,

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

This can be emailed or faxed.

Thank you very much!
Jenn

AGENCY USE ONLY

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 NOV -6 PM 3:12

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 Lisa MI R Last Name Aberman

E-mail Address LABERMAN@DJDLAWYERS.com

Mailing Address 3120 Fire Rd Suite 100

City Egg Harbor Twp State NJ Zip 08234

Telephone 6096416200 FAX 609 484 8630

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

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

Signature [signature] Date 11/6/17

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding MVA on 12/3/17 Case # 15-117315,
Please provide:
- CAD Log
- 911 calls
- DVR/body camfootage
- photographs

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 ____

CITY CLERK'S OFFICE
2017 NOV -6 PM 3:08

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 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 11-3-2017

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 video from the scene of the accident, the mobile video recorder for the police vehicle, a copy of the 911 call tape and a copy of the CAD report in reference to the automobile accident on 9-24-17 at 3:00 am with case number 1709-0984. Passenger of vehicle 1 is Christina Martella.

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 POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

2711-15 Atlantic Ave.
Atlantic City, New Jersey 08401
Telephone Number (609) 343-3679
Fax Number (609) 347-6469
Ava Davenport – Custodian of Records

Place Logo Here

Place Logo Here

2017 NOV -6 PM 3:06

2017 NOV -6 PM 3:06

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 Kyle MI R Last Name Broody

E-mail Address reesebroody@gmail.com

Mailing Address 5105 ontario Dr.

City Brigantine State NJ Zip 08203

Telephone 609-442-2179 FAX N/A

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

(I can provide digital media)

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.

11-1-17; Incident Between approx. 2pm and 3pm; Car A-20 – officer Christopher Dodson (#0998)

Requesting dash cam footage and body camera footage from car and above named officer.

I can provide digital media to further ease the process. (CDs, DVDs, flash media)

June '16

- Dashcam footage is Public record as per Paff vs. Ocean City.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

2017 NOV -7 AM 9:17

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, Room 706, 1301 Bacharach Blvd., Atlantic City NJ 08401
Phone No. (609)347-5510 Fax No. (609)347-5409

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: Donald MI: C Last Name: Cramer
E-mail Address: dcramer-env@hotmail.com
Mailing Address: 11 Silver Avenue
City: Glassboro State: NJ Zip: 08028
Telephone: (703) 282-1601 FAX: (703) 991-6238
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspection ____ Fax ____ E-mail X

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

Signature: [signature] Date: 11/6/2017

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.

I am requesting copies of any information on file with the Licensing & Inspections Departments, Division of Fire, Health and Human Services and Planning and Development specifically related to underground and aboveground storage tanks, hazardous materials use and storage, septic systems, wells and spill/release incidents at the Baltic Plaza Apartments, 1313 Baltic Avenue (Block 405, Lot 9). Thank you very much for your assistance.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extra 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 Kayleigh MI L Last Name Sena

E-mail Address Kayleigh.Sena@marathonconsultants.com

Mailing Address 1016 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 _____ Date 11/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached letter.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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**

MARATHON
Engineering & Environmental Services
WWW.MARATHONCONSULTANTS.COM

November 1, 2017

RSC 036.01

Paula Geletei, City Clerk
City of Atlantic City
1301 Bacharach Boulevard, Room 704
Atlantic City, New Jersey 08401

RE: **Paparone Property**
110 S. New Hampshire Avenue
Block 77, Lot 3
City of Atlantic City, Atlantic County, New Jersey

Dear Ms. Geletei:

Marathon Engineering & Environmental Services, Inc., (Marathon) is conducting a Phase I Environmental Site Assessment for the above referenced property. We request information your office may have regarding illegal waste discharges, underground and/or above ground storage tank information, environmental contamination and violations of environmental laws and/or permits at this location. In addition, we would like information your office may have regarding the following:

- Prior uses of the property;
- Conditions or events related to the environmental condition of the property;
- Any prior assessments of the property; and,
- Any proceedings involving the property.

Enclosed please find the completed Request for Access to Government Records Form for the City of Atlantic City.

Thank you for your time and cooperation. If you have any questions or comments, please contact me at (609) 437-2100 or via email at kayleigh.sena@marathonconsultants.com.

Sincerely,

Marathon Engineering & Environmental Services, Inc.

Kayleigh Sena,
Environmental Scientist

Enclosure (1)

P:\RSC03601\Phase I\Inquiries\RSC03601_ACClerk.docx

2017 NOV -8 PM 1:29

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

2017 NOV -8 PM 1:2

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 Monique MI N Last Name Anderson

E-mail Address Monique.Anderson882@hotmail.com

Mailing Address 1001 N. Michigan Ave. Apt A2

City Atlantic State NJ Zip 08401

Telephone (609) 727-7335 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 Monique Anderson Date 11-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I have an issue with my new landlord and neighbors. My landlord stuck his finger up my nose in my ear after letting him know there was a problem with my hot water heater. Then later that night my new neighbors began harassing me. I need the neighbors name for complaint. My neighbors are in Apt A-1 1001 Michigan Ave 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

11/072017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received reports from your prosecutor's office but in some municipalities it seems incomplete. Redactions should be made for juvenile names and HIPAA.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

AAJ

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 NOV -9 AM 11:41

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 Pat MI ____ Last Name FASANO

E-mail Address patfasano@verizon.net

Mailing Address 1005 Main Street

City Asbury Park State NJ Zip 07712

Telephone (732)776-6969 FAX (732)776-6299

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

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

Signature [signature] Date 11-2-17

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.

Buliding Inspection file for 127 St. James Place
Bl. 53 Lot 6

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

2017 NOV -8 PM 1:29

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

2017 NOV -8 PM 1:2

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 Monique MI N Last Name Anderson

E-mail Address Monique.Anderson882@hotmail.com

Mailing Address 1001 N. Michigan Ave. Apt A2

City Atlantic State NJ Zip 08401

Telephone (609) 727-7335 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 Monique Anderson Date 11-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I have an issue with my new landlord and neighbors. My landlord Steve hung up the phone in my ear after letting him know there was a problem with my hot water heater then later that night my new neighbors began harassing me. I need the neighbors name for complaint. My neighbors are in Apt #1 1001 Michigan Ave 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

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 Stacy MI ____ Last Name Konstam
E-mail Address SKonstam@dorothensimon.com
Mailing Address 20295 NE 29th Place, Ste 201
City Aventura State FL Zip 33180
Telephone (305) 921-9421 FAX (305) 395-3978
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 Stacy A. Konstam Date 11/10/17

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.

I am a Florida probate attorney (FL Bar # 104766).
I request sale comparables for taxicab transfers and sales.
We are working on a Florida probate matter and attempting to sell a taxicab License and need to submit comparables to the Court.

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

13 AM 7:45

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 Rosemarie MI ____ Last Name DeMatteo

E-mail Address KATSMOM7@AOL.COM

Mailing Address 41 Stillwell Avenue

City Yonkers State NYS Zip 10704

Telephone 914-450-9268 FAX 914-237-5647

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

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 Rosemarie DeMatteo Date 11-10-17

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.

I would like a copy of the bug inspection of room 2790 - dates October 29-31, 2017. I was notified that there was a bed bug infestation in that room. The Borgata Hotel "Water Club room 2790" Atlantic City, N.J.

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 OF ATLANTIC CITY
2017 NOV 13 PM 2:58

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 F. Last Name Pompelio

E-mail Address NPompelio@Newjerseylaw.Net

Mailing Address 15 Mountain Blvd.

City Warren State NJ Zip 07059

Telephone 908.757.7800 ext. 112 FAX 908-757-8039

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

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

Signature _____ Date 11/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

On 10/30/16, K'Vaun E. Wyatt (dob 2/11/1999), was shot and killed near 1424 Magellan Ave, Atlantic City. 911 was called and police responded to scence.

This OPRA request seeks a complete copy of ALL Atlantic City Police Dept. Dispatch records from the time of the 911 call until the last call in from the police to the dispatcher.

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

2017 NOV 13 PM 2:58

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 F. Last Name Pompelio

E-mail Address NPompelio@Newjerseylaw.Net

Mailing Address 15 Mountain Blvd.

City Warren State NJ Zip 07059

Telephone 908-757-7800 ext. 112 FAX 908-757-8039

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

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

Signature _____ Date 11/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

On 10/30/16, K'Vaun E. Wyatt (dob 2/14/1999), was shot and killed near 1424 Magellan Ave, Atlantic City. 911 was called and police responded to scence.

This OPRA request seeks a complete copy of ALL Atlantic City Police Dept. Dispatch records from the time of the 911 call until the last call in from the police to the dispatcher.

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 NOV 13 PM 2:58

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 (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 11-7-17

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 of the 911 call tape and a copy of the CAD report in reference to the auto mobile accident on 8-18-2017 at 20:33pm with case number 1708-0847. Driver of vehicle 1 is Cory Noble.

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 ____

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 Kayleigh MI L Last Name Sena

E-mail Address Kayleigh.Sena@marathonconsultants.com

Mailing Address 1414 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 11/8/2017

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.

Please see attached letter.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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 _____

MARATHON
Engineering & Environmental Services
WWW.MARATHONCONSULTANTS.COM

November 8, 2017

BBA 001.01

Paula Geletei, City Clerk
City of Atlantic City
1301 Bacharach Boulevard, Room 704
Atlantic City, New Jersey 08401

RE: New Waterway Bar and Grill LLC Property
1660-1700 West Riverside Drive
Block 701, Lot 1 & Block 695, Lot 1
City of Atlantic City, Atlantic County, New Jersey

Dear Ms. Geletei:

Marathon Engineering & Environmental Services, Inc., (Marathon) is conducting a Phase I Environmental Site Assessment for the above referenced property. We request information your office may have regarding illegal waste discharges, underground and/or above ground storage tank information, environmental contamination and violations of environmental laws and/or permits at this location. In addition, we would like information your office may have regarding the following:

- Prior uses of the property;
- Conditions or events related to the environmental condition of the property;
- Any prior assessments of the property; and,
- Any proceedings involving the property.

Enclosed please find the completed Request for Access to Government Records Form for the City of Atlantic City.

Thank you for your time and cooperation. If you have any questions or comments, please contact me at (609) 437-2100 or via email at kayleigh.sena@marathonconsultants.com.

Sincerely,

Marathon Engineering & Environmental Services, Inc.

Kayleigh Sena,
Environmental Scientist

Enclosure (1)

P:\BBA00101\Phase I\Inquiries\BBA00101_ACClerk.docx

2017 NOV 15 AM 11:42

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 Todd J. Lowe MI J Last Name Lowe

E-mail Address Todd.Lowe@FCProfessional.com

Mailing Address 608 Revere Ave

City Linwood State NJ Zip 08221

Telephone 609 742-4905 FAX N/A

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

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

Signature [signature] Date 11/15/17

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.

(1) All Large multi family 6units + in A.C or S. Inlet Area

(2) All vacant Land over ¼ Acre in A.C. or S. Inlet Area

Thank You, God Bless, Happy Thanksgiving.

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

2017 NOV 15 PM 4:14

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 NOV 15 PM 4:14

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 Brennan MI M Last Name Brennan

E-mail Address None

Mailing Address 102 N. Shore Road

City Absecon State N.J. Zip 08201

Telephone 609-402-8849 FAX None

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 Brennan Date 11/15-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

For 1401 Memorial Ave A.C.N.J. 08401
Code inforcement violations
Health dept. violations
Fire codes : inspections violations

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 NOV 20 PM 3:19

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 Jessica MI M Last Name Pitts-Johnson
E-mail Address Jpitts@ArmadaAnalytics.com
Mailing Address 55 Beattie Place Suite 1510
City Greenville State SC Zip 29601
Telephone 864-751-4020 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 Jessica Pitts-Johnson Date 11/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide copies of Variances, Special Permits or Conditions for the the property located at:
Best of life Park Apts
129 South Virginia Ave
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
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 NOV 17 P 1:30

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 Michal MI M Last Name TREXLER
E-mail Address MTREXLER@LIQUORLICENSEPART.COM
Mailing Address 770 Rt. 220
City Muncy Valley State PA Zip 17768
Telephone 570-482-2222 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 Michal M Trexler Date 11-17-17

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.

I would like to receive a complete list of all liquor licenses in the City of Atlantic City, NJ. This list needs to include license number, status, business name, t/a name (if applicable), business address, mailing address (if applicable), owner name and address and any other owner information that may be available such as address, telephone number or email address.

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

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

2011 NOV -9 PM 1:45

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 J Last Name MAURO

E-mail Address DJMAURO@VERIZON.NET

Mailing Address 2301 EVESHAM RD SUITE 208

City VOORHEES State NJ Zip 08043

Telephone 856 371 8077 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 ____

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.

LIST OF ACTIVE AND INACTIVE
LIQUOR LICENSES

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 ____

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CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

CITY OF ATLANTIC CITY CITY CLERK'S OFFICE 2017 NOV 17 AM 11:51

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 ____ Last Name Smith

Email Address Asmith4084@yahoo.com

Mailing Address PO Box 8022

City Atlantic City State NJ Zip 08404

Telephone (609-377-9846 FAX ____

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

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

Signature Alfred Smith Date 11/15/17

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.

PLEASE PROVIDE A COPY OF THE FULL CAD REPORT FOR ANY CALLS RELATING TO VEHICLES PARKED IN VIOLATION OR REQUESTS FOR TOWING OR ILLEGAL AT THE ABOVE AT OR NEAR 22 ARKANSAS COURT OR 23 ARCHDALE COURT, 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
CITY CLERK'S OFFICE
2017 NOV 17 AM 11:16

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 Fred MI H Last Name Enzman

E-mail Address fhenzman@vanguardadjusters.com

Mailing Address P.O. Box 835

City Woodbury State NJ Zip 08096

Telephone 856-853-8200 ext 110 FAX 856-848-6060

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

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 Fred Enzman Date 11/14/2017

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.

Fire Report

Insured: Zenaida Mateo

Date of fire: 10/26/2017

Location: 30 N Hartford Ave.
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 ____
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 NOV 13 P 2:58

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 11-7-17

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 of the 911 call tape and a copy of the CAD report in reference to the auto mobile accident on 8-18-2017 at 20:33pm with case number 1708-0847. Driver of vehicle 1 is Cory Noble.

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 NOV 13 PM 1:51

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 NOV 13 PM 1:51

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 DOUGLAS MI ____ Last Name BROWN

E-mail Address CRABDAD1@HOTMAIL.COM

Mailing Address 1220 EAST SHORE DRIVE

City Brigantine State NJ Zip 08203

Telephone 609 377 1419 FAX ____

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

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

Signature [signature] Date 11-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting a list of all outstand unpaid Terminal leave balances accumulated by retiring employees from 1-1-16 until 11-13-17 To include retirement dates, total sick time balances, vacation balances and comp time. Any payments made to the retired employees for accumulated sick, vacation & compT

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 11/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We 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

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