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 OCT -2 PM 12:

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 Adam MI ____ Last Name Levy

E-mail Address aelevy@mdwcg.com

Mailing Address 15000 Midlantic Dr. Suite 200, PO Box 5429

City Mt. Laurel State NJ Zip 08054

Telephone 856-414-6015 FAX 856-414-6077

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

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

Signature ____ Date 9/27/17

Payment Information

Maximum Authorization Cost $ 500.—

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all Certificates of Occupancy issued from the year 2000 to present for the Atlantic City Marriott Courtyard Hotel located at 1212 Pacific Avenue, Atlantic City, NJ.

Any and all plans and/or submissions by Landscape Architect J. Adamson Associates, Inc. from the year 2000 to present related to any and all proposed construction of, or at, the Atlantic City Marriott Courtyard Hotel located at 1212 Pacific Avenue, 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 ____

Records

Custodian Si

Oct. 2. 2017 1:30PM No. 1275 P. 1

failed to traffic
13

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE 2017 OCT 12 AM 9:39

2017 OCT -2 P 1:43

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 320 Freeland
City EHT State NJ Zip 08234
Telephone 609 641 6200 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 10/2/17

Payment Information
Maximum Authorization Cost $ 15
Select Payment Method
Cash (Check) Money Order
Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 9/20/17 involving Jose Luis Acosta case # 1709-0808, please provide:
- police report
- photographs 10/3/17
- CAD log
- DWI body camera footage
- 911 calls
- statements

NO PHOTOS, NO STATEMENTS (1)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 OCT -3 PM 5:31

0102 – Atlantic City - Atlantic FILE COPY

ACCURATE ABSTRACTS

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

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

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

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

Signature Veronica Hartman Date 10/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

Thank you,

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

2017 OCT -2 PM 1:09

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 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 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request

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

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. 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.

3403 Winchester Ave, Atlantic City, NJ
Block 350 / Lot 7

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

In Prog
Denied
Filled
Partial

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
OCT -2 PM 1:45

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name LISA MI R Last Name Akerman
E-mail Address LAKERMAN@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 10/2/17

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 Atlantic Ave.
- police report
- CAD log
- all calls
- photographs
- Dash/body camera footage

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT -3 P 12:12

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 Jenna MI M. Last Name Beatrice

E-mail Address Jbeatrice@genovaburns.com

Mailing Address 30 Montgomery Street, 11th Floor

City Jersey City State NJ Zip 07302

Telephone 973-535-7125 FAX 201-232-1303

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 10/2/17

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 see enclosed 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 ____

GENOVA BURNS
ATTORNEYS-AT-LAW

Genova Burns LLC
30 Montgomery Street, 11th Floor, Jersey City, NJ 07302
Tel: 201.469.0100 Fax: 201.332.1303
Web: www.genovaburns.com

Jenna M. Beatrice, Esq.
Member of NJ and NY Bars
jbeatrice@genovaburns.com
Direct: 973-535-7125

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT -3 PM 12: 12

October 3, 2017

VIA FASCIMLE

Office of the City Clerk
Attn: Paula Geletei
Room 704, 1301 Bacharach Blvd.,
Atlantic City, NJ 08401

Re: **Request Pursuant to N.J.S.A. 47:1A-1, et seq.**

Dear Ms. Geletei:

Pursuant to N.J.S.A. 47:1A-1, et seq., enclosed please find a government-records request for the records of Atlantic City. Please provide us with copies, stored electronically or in hardcopy form, of the following records:

1. All fee and/or retainer agreements entered between Atlantic City and any law firm and/or legal counsel from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for AtlantiCare Regional Medical Center City Division (formerly known as Atlantic City Medical Center), and any of its affiliates, subsidiaries, joint ventures or related entities.
2. All invoices and/or bills submitted by any law firm and/or legal counsel to Atlantic City from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for AtlantiCare Regional Medical Center City Division (formerly known as Atlantic City Medical Center), and any of its affiliates, subsidiaries, joint ventures or related entities.
3. All receipts and/or documents reflecting payment made by Atlantic City to any law firm and/or legal counsel from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for AtlantiCare Regional Medical Center City Division (formerly known as Atlantic City Medical Center), and any of its affiliates, subsidiaries, joint ventures or related entities.

GENOVA BURNS
ATTORNEYS-AT-LAW

Electronic copies of all responsive records are preferred, but, if that is not possible, please provide the anticipated cost of copies. Once you have had an opportunity to assess the copying costs for reproduction of the documents, please contact me and we will make arrangements for payment and delivery.

Thank you for your attention to this matter.

Very truly yours,

GENOVA BURNS LLC

JENNA M. BEATRICE

JXB/tc
Enclosure

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT -3 PM 12:22

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST F...

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

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

Important Notice

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

Requestor Information – Please Print

First Name Kerri MI L Last Name Kopervos

E-mail Address kkopervos@cooperlevenson.com

Mailing Address 1125 Atlantic Avenue, 3rd Floor

City Atlantic City State NJ Zip 08401

Telephone 609-572-7436 FAX 609-572-7437

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

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

Signature _____ Date 10/3/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 the following documents for the property located at Block 139 Lots 12, 19, 21 & 24, known as 11 S. North Carolina Avenue, 21 S. North Carolina Ave., 25 S. North Carolina Ave. and 27 S. North Carolina Ave.

Zoning permits/ violations
Zoning and planning board approvals
Environmental reports/ testing
Site plans
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

CITY CLERK'S OFFICE
ATLANTIC CITY

2017 OCT -3 PM 3:50

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 Henry MI A Last Name GREEN

E-mail Address HenryHANKGREEN@gmail.com

Mailing Address 145 South Rhode Island Ave Apt 1112

City AC. State NJ. Zip 08401

Telephone 609-453-8166 FAX

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

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

Signature [signature] Date 10-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- Copy the following Resolution Nos.
R. 251-14, R. 208-14, R. 469-14, R. 37-12

- Copy of Ord. No. 32-13
NO. 37-12

- Copy of NJDOE Budget 2014-2015 (Tax Levy Cert. form A)

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

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT -4 PM12:25

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 OCT -4 PM12:25

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 JACK MI A Last Name BERENATO

E-mail Address jabesqlaw@gmail.com

Mailing Address 1410 SHORE ROAD

City NORTHFIELD State NJ Zip 08225

Telephone (609) 412-6288 FAX (609) 645-2440

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

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

Signature [signature] Date 10/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. List of all City of Atlantic City employees that were working at the All Wars Memorial Building on July 22, 23, 2017.
2. Copy of any incident reports prepared by City Employees, of any nature, pertaining to event held on July 22+23, 2017 at All Wars Memorial. Including any 911 calls requesting Assistance to All Wars on July 22, 23 20
3. Copy of all video surveillence; Security footage from All Wars Memorial July 22+23, 20

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

____
Custodian Si

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 11 AM 11:11

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

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Requestor Information – Please Print

First Name Mayer MI ____ Last Name Kaiser

E-mail Address ocean@mandlcards.com

Mailing Address ~~###~~ 2360 Rte 9 Ste 3 #251

City Toms River State NJ Zip 08755-1933

Telephone 585-269-9628 FAX ____

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

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

Signature [signature] Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

- Property Maintenance records & violations for: 1809 Hummock Ave Atlantic Cty NJ
- Exterior violations
- Code violations
- Construction violations
- Environmental violations / Health dept violations
- Building 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

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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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT -5 PM 4:00

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 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 CO 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 10/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. code violations that are attached to this property (Qual c0306 only as it is a condo) that could result in a fine, summons and/or prevent the sale of this property to a third party.

3817 Ventnor #306, Atlantic City, NJ
Block 236 / Lot 23 / Qual: C0306

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

2017 OCT -5 PM 1:00

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 10/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. 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.
13 Anchorage Ct Atlantic City, NJ
Block 105 / Lot 1 / Qual: C1707

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 ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT -6 PM 1:18

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

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

Important Notice

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

Requestor Information – Please Print

First Name STUART MI ____ Last Name WEISS

E-mail Address STUART.WEISS215@COMCAST.NET

Mailing Address 215 N. HARVARD AVE

City Ventnor City State NJ Zip 08406

Telephone 609-442-5682 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 Stuart Weiss Date 10-6-17

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.

NEED COPY OF LAND USE CERTIFICATE FOR RETAIL STORE "PLAYGROUND II" AT 101 S. DR MARTIN LUTER KING BLVD. I AM THE OWNER OF SAID BUILDING.

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 ____

Record

Custodian Signa

CITY CLERK'S OFFICE OCT -6 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: 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: [signature] Date: 10/05/2017

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.

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. 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.

115 Chesapeake Bay Ct, Atlantic City, NJ
Block 311 / Lot 7.09

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

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 1600 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 10/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

October 4, 2017

ALP 001.01

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

RE: 121 S Tenn Ave LLC Property
121 South Tennessee Avenue
Block 54, Lot 9
&
129 Tenn Ave Realty LLC Property
127 South Tennessee Avenue
Block 54, Lot 10
&
131 S Tennessee Avenue LLC Property
131 South Tennessee Avenue
Block 54, Lot 12
&
161 S Tennessee Avneue LLC Property
161 South Tennessee Avenue
Block 54, Lot 18
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 properties. 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 these locations. In addition, we would like information your office may have regarding the following:

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

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:\ALP00101\Phase I\Inquiries\ALP00101_ACClerk.docx

ped to traffic

1/17 RECEIVED & SENT

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 OCT 10 AM 7:20

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Shawn MI C Last Name Huber

E-mail Address shuber@brownconnery.com

Mailing Address Brown & Connery, 360 Haddon Avenue

City Westmont State NJ Zip 08108

Telephone 856-854-8900 FAX 856-858-4967

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

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

Signature ____ Date October 9, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Re: Our Client: Samantha Notos
Date of Crash: 08/25/2017
ACPD Case No.: 1708-1214
Our File No.: 17-0524

Please be advised that we represent the above for injuries sustained in a motor vehicle crash on Absecon Boulevard on the above date at 5:48 p.m.

Please provide us with a copy of any and all 911 calls regarding the matter. Please provide us with a copy of any and all reports, photos, videos, and all other documents and materials regarding the matter.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information
Tracking #
Read Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature

Atlantic City

CITY CLERK'S OFFICE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-347-5510 Fax: 6093476408

2017 OCT 10 AM 7:27

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 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 10/7/2017

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 _____

Final Cost

Total _____

Deposit _____

_____

_____

_____

Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 OCT 10 AM 7:27

ACCURATE ABSTRACTS

0102 – Atlantic City - Atlantic

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 10/8/2017

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.

"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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 10 AM 7:28

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 Allison MI S Last Name Kelly

E-mail Address akelly@dbmplaw.com

Mailing Address 1880 John F. Kennedy Blvd., 14th Floor

City Philadelphia State PA Zip 19103

Telephone 215-563-3600 FAX 215-563-5610

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

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

Signature Allison Kelly Date 10/6/17

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.

Please send copies of any and all **building permits**, including but not limited to **permits for alteration, installation, renovation, or construction**, for the property located at **118 S. North Carolina Avenue, Atlantic City, 08401** (formerly known as the Burgundy Motor Inn) for the time period of **1/01/2014 through to 3/01/2016.**

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 10 AM 9:08

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 10 AM 9:08

Important Notice

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

Requestor Information – Please Print

First Name Melissa MI A Last Name Guagenti

E-mail Address mguagenti@LENcorp.com

Mailing Address 189 US Hwy 46

City Mine Hill State NJ Zip 07803

Telephone 908-654-8065 FAX 908-654-8069

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 10/10/17

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.

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

1. 307 Grammercy Pl
2. 117 N Kingston Ave
3. 2916 Sunset Ave
4. 2710 ARCTIC AVENUE #B
5. 206 N FLORIDA AVENUE
6. 115 N Laclede Pl
7. 1724 Lincoln Ave
8. 24 N Iowa Ave # 2Fl
9. 126 N Morris Ave
10. 603 Adriatic Ave

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	____
Filled	-	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

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT 10 P 12:31

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

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

Important Notice

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

Requestor Information – Please Print

First Name Erin MI N Last Name Serpico

E-mail Address eserpico@pressofac.com

Mailing Address 1000 W Washington Avenue

City Pleasantville State NJ Zip 08232

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

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 Erin Serpico Date 10-10-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

As a reporter with the Press of Atlantic City, I would like to request the police reports / incident reports from burglaries & breaking and entering incidents at city stores from August 2017 to present. I would like a copy of each incident by date, time, location, crime and suspect / person charged.

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

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 10.3-17

Payment Information

Maximum Authorization Cost $ $50

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 automobile accident on 9-18-17 at 10:47 am with case number 1709-0712. Driver of vehicle 2 is Amir Davis.

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 OF ATLANTIC CITY

2017 OCT 12 PM 1:12

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 Lou MI ____ Last Name DiJoseph

E-mail Address DiJosephinvestigations@gmail.com

Mailing Address PO Box 140

City Marmora State NJ Zip 08223

Telephone 609 207 7058 FAX 609 601 4061

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

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

Signature [signature] Date 10-12-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

(1) Computer Aided Dispatch records for a motor vehicle accident which occurred on 07/04/17 on or near Brigantine Blvd involving a Jitney and a pedestrian named Jahmal Glover.

(2) Copy of 911 call pertaining to same motor vehicle accident.

(3) Copy of ACPO accident report pertaining to same motor vehicle accident.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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In Progress – Open ____
Denied – Closed ____

AGENCY USE ONLY

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

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

Records Provided

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 10 AM 7:27

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 Atlantic City State NJ Zip 08401

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

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

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

Signature [signature] Date 10/7/2017

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.

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. 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.

3851 BDWK #1209, Atlantic City, NJ
Block 17 / Lot 2 / C1206

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 OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 10 AM

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 10/7/2017

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.

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Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. 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.

1 S Bartram Ave #6, Atlantic City, NJ
Block 206 / Lot 1 / Qual C0106

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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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

CITY CLERK'S OFFICE 17 OCT 13 AM 11:56 — CITY CLERK'S OFFICE 2017 OCT 13 AM 11:57

Important Notice

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

Requestor Information – Please Print

First Name CHARLES MI W Last Name ATKINSON

E-mail Address CHUCK.ATKINSON.JR@GMAIL.COM

Mailing Address PO BOX 478

City LITTLE EGG HARBOR State NJ Zip 08087

Telephone 609-636-0213 FAX

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

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

Signature [signature] Date 10-13-17

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.

PLEASE PROVIDE ANY FIRE SAFETY PLAN, TRAFFIC CONTROL PLAN FOR THE HALRAH'S CONVENTION CENTER THAT WERE IN PLACE ON NOVEMBER 17, 2014 (DATE OF ACCIDENT).

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

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 Ran MI ____ Last Name Modi

E-mail Address rammodi@gmail.com (MODE)

Mailing Address 10 Maple Road

City Iselin State NJ Zip 08830

Telephone 609 334 2805 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 10/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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- Most recent blueprints 3805 Atlantic Avenue
- Leans on property?
- Major structural damage?

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 ____

FILE COPY

2017 OCT 11 P 2:16

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 Henry MI A Last Name OREEN

E-mail Address HenryHANKOreen@gmail.com

Mailing Address 145 S Rhode Island Apt 1112

City Atlantic city State NJ Zip 08401

Telephone 609 453-8166 FAX

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

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

Signature [signature] Date 10-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I request Copy of 2014 organizational chart

I would like to request the current organizational chart 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

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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

Balance

Records Provided

Custodian Signature

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 Rochelle MI ____ Last Name Alexander

E-mail Address ~

Mailing Address 1422 B - Morgan Ave

City Atlantic City State NJ Zip 08401

Telephone 609-428-7452 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 Rochelle Alexander Date 10-16-17

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.

Copy Report of Dogs Name That Bite me Owner
on End of Sept. 2017

CASE # 1709-1239

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature

2017 OCT 12 AM 7:39

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 Diana MI J Last Name Wilson

E-mail Address dwilson@bhfs.com

Mailing Address 410 17th Street #2200

City Denver State CO Zip 80202

Telephone 303-223-1352 FAX 303-223-1111

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

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

Signature _____ Date _____

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.

Agreement setting forth the terms of the PILOTs program re Block 62, Lot 1 and Block 62, Lot22, registered under the name Polo North Country Club, Inc.

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 Dat _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Paid _____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 OCT 16 AM 7:58

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 10/15/2017

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.

"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

Paula Geletei

From: ACQData <ACQData@accutrend.com>
Sent: Thursday, October 12, 2017 2:34 PM
To: Paula Geletei
Subject: Request for Records

Accutrend Data Corporation
REQUEST RECORDS

NJ Atlantic City City 237447

Hello,
I would like to know if the listing of new businesses that filed with you during the months of July, August and September are available currently. Please let me know if there are any issues. I can be reached at the e-mail below or by phone at 1-303-488-0011, ext. 1027. Records can be:
* E-mailed to: acqdata@accutrend.com

* Faxed to: 1-866-648-1197
* Mailed to: ACCUTREND DATA CORPORATION
ATTN: RECEIVING DEPT.
P.O. BOX 6615
GREENWOOD VILLAGE, CO 80155-6615

Thank you,
Rachel Branda
Acquisitions Department
Accutrend Data Corporation

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

2017 OCT 16 AM 11:12

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 Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX ____

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

There's not enough space here to write the records being requested. Please view the attached document.

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

I'm requesting the following information in **any electronic format**. The maps are usually PDF file format.

Please email all the below requested information and files.

1.a) A complete set of your municipalities **MOST CURRENT** tax maps.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps.

1.d) What is your Engineers Name, email, and phone number?

Note: Please check with your Engineer to obtain the most current tax maps as well as accurate information for **1.b), 1.c), and 1.d)**

2.a) The **MOST CURRENT** municipality zoning map(s).

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s).

Note: If the zoning map is NOT available in electronic format please mail me the full size current zoning map so we can convert it to electronic format. However, please first check with the Engineer as it's almost always available electronically on file with the Engineer.

Note: If your municipalities tax map and or zoning map are available online, please check and confirm it's the most current maps available. If so, please provide the direct URL(s) for both the tax & zoning map(s).

If you have any questions, please email ORPA@NJPropertyRecords.com

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

CITY CLERK'S OFFICE
2017 OCT 10 PM 12:54

Important Notice

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

Requestor Information – Please Print

First Name STUART MI ____ Last Name Weiss

E-mail Address STUART.WEISS215@COMCAST.NET

Mailing Address 215 N. HARVARD AVE

City VENTNOR State NJ Zip 08406

Telephone 609-442-5682 FAX ____

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 10-18-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of all Licences (RETAIL) for 101 S. DR. MARTIN LUTHER KING BLVD a/k/a KNOWN as 1626 PACIFIC Ave. Looking For "PLAYGROUND RETAIL (Bookstore #7 and a GOLD SHOP (OLDER) + A COPY OF THE Cell SHOP UNIT #7

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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

CITY CLERK'S OFFICE
2017 OCT 18 AM 10:22

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 Sheri MI J. Last Name Wexler

E-mail Address swexler@cooperlevenson.com

Mailing Address c/o Cooper Levenson, 1125 Atlantic Ave., 3rd Floor

City Atlantic City State NJ Zip 08205

Telephone 609-572-7498 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 10-18-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE US WITH A SIGNED/EXECUTED COPY OF CITY COUNCIL RESOLUTION NO. 490 OF 2017, WHICH WAS ADOPTED ON OR ABOUT SEPTEMBER 6, 2017. ATTACHED IS A COPY OF THE RESOLUTION REGARDING SAME FOR YOUR REFERENCE. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS. 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 ____

Title 10/23/17

CITY CLERK'S OFFICE
2017 OCT 20 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)347-5510 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: Andrew MI: L Last Name: Gingrich
E-mail Address: agingrich@synergyenvinc.com
Mailing Address: 155 Railroad Plaza
City: Royersford State: PA Zip: 19468
Telephone: 215 396 8280 FAX: 484 369-2000
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X Fax ____ E-mail ____

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

Signature: [signature] Date: 10/19/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to Request any files for any environmental issues for 626 N. Connecticut Avenue, Atlantic City, New Jersey (Block 556, Lot 1). Also any documents in relation to the NFA-A issued for the heating oil UST release with groundwater contamination listed under document title 01120312503451HO UST. The site is listed under PI# 214079.

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

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 609 641 6200 FAX 609 [illegible] 484 8650

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 # 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 ____
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 OCT 20 PM 1:24

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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 Nancy MI L Last Name Williams

E-mail Address nancyleigh27@gmail.com

Mailing Address 512 N. McClurg Ct; Apt 610

City Chicago State IL Zip 60611

Telephone 773-517-8416 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 Nancy L. Williams electronically signed Date October 13, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the Disposition for Case #1709-0625; Incident #17-073234 this took place on September 16th, 2017 at approximately 10:55am. Please include all documents & recording related to this incident.
I am the daughter of Leon Goodman, a 92 year old WWII veteran who needed assistance moving out of his apartment. His grandson, (my son) Daniel Williams, contacted the police for assistance when he was denied entry to the building to assist my dad. The owners of the apartment refused to allow my father to leave with his military possessions and most of his clothing and other personal items. I am assisting my dad to recover his belongings as he is very upset about them.

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 _____

Eddie Lax

2017 OCT 20 PM 1:25

From: Kachmar, Kala <KKachmar@gannettnj.com>
Sent: Friday, October 20, 2017 1:31 PM
To: City Clerk
Subject: OPRA request

Hi there,

Please consider this an OPRA request. Feel free to give me a call at 732-749-2238 if you have any questions.

1. An electronic copy of the settlement agreement between Atlantic City and Paul Walker, which would have been the result of litigation (Case No. 1:04-cv-00351 in U.S. District Court).

2. Electronic copy of all settlement agreements between Atlantic City and officer Andrew Jaques, which was facilitated by the state's Civil Service Commission.

Thanks,

Kala

Kala Kachmar
Reporter
Asbury Park Press
Office: (732) 643-4061
Cell: (732) 749-2238

CITY CLERK'S OFFICE
CITY OF ATLANTIC CITY
2017 OCT 20 PM 3:31

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Nancy MI L Last Name Williams

E-mail Address nancyleigh27@gmail.com

Mailing Address 512 N. McClurg Ct; Apt 610

City Chicago State IL Zip 60611

Telephone 773-517-8416 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 Nancy L. Williams electronically signed Date October 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.

I am requesting a copy of the recording(s) relating to Case #1709-0625; Incident #17-073234 that took place on September 16th, 2017 at approximately 10:55am.

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 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)347-6408

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 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

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 OCT 23 AM 10

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Thye MI ____ Last Name Lim

E-mail Address Linlim0320@gmail.com

Mailing Address ____

City ____ State ____ Zip ____

Telephone ____ FAX ____

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

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

Signature [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.

3114 Fairmount Avenue.
→ Code Violation (open)
→ Oil Tank Removal

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

Ph: 609-347-5510 Fax: 6093476408

2017 OCT 23 AM 7:46

PUBLIC RECORDS

2017 OCT 24 PM 12:53

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 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 OCT 23 PM 2:00

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 ____ Last Name Danato

E-mail Address lolla2904@Gmail.com

Mailing Address 238 N Montpelier Ave

City Atlantic City State NJ Zip 08401

Telephone 609-225-1835 FAX ____

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

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

Signature [signature] Date 10/23/17

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.

Land Survey for 1670 W. Riverside Dr.
& the flood Survey.

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 ____

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

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

Paul A. O'Connor III – Of Counsel ★

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

GARCES, GRABLER & LEBROCQ
A PROFESSIONAL CORPORA[illegible]

415 WATCHUNG A[illegible]
PLAINFIELD, NJ 0[illegible]

908.251.6041 Direc[illegible]
908.834.2706 F[illegible]

www.garcesgrable[illegible]

Se habla Español

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

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

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

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

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

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

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

Reply to: Plainfield

[illegible] PM12:01

October 18, 2017

City of Atlantic City
Clerk's Office
1301 Bacharach Blvd
Atlantic City, NJ 08401

Re: Our Client: Norma Aranda
Date of Loss: 08/20/2017
Our File No.: 283799

Dear Sir or Madam:

This firm represents Mrs. Norma Aranda in connection with injuries sustained as a result of a fall down accident that occurred at 60 North Maine Avenue in Atlantic City, New Jersey.

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

Thank you for your anticipated courtesies.

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

By: SARITA M. NUNEZ
Case Manager

SMN/ap

RIDER

All of the following requests relate to the property located at 60 North Maine Avenue in Atlantic City, New Jersey (hereafter "the property").

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

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

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

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

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

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

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

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

2017 OCT 23

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jim MI ____ Last Name Topley

E-mail Address Jtopley@aol.com

Mailing Address 1310 South Maple, Suite 110

City Hatboro State PA Zip 19040

Telephone 267-443-6048 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 Jim Topley 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.

19-25 North Trenton

Building Plans.

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 ____

10/25/17

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 OCT 23 A10:10

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 Thye MI ____ Last Name Lim
E-mail Address Linlim0320@gmail.com
Mailing Address ____
City ____ State ____ Zip ____
Telephone ____ FAX ____
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

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

Signature [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.

3114 Fairmount Avenue.
→ Code Violation (open)
→ Oil Tank Removal

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

sabrina@atlanticarenj.com

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 OCT 25 AM 11:06

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 Sabrina MI H Last Name Tracy

E-mail Address Sabrina@atlanticarenj.com

Mailing Address 825 Noahs Rd.

City Pleasantville State NJ Zip 08232

Telephone (609) 646-1002 FAX (609) 646-1004

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 Sabrina H. Tracy Date 10/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of the dispatch Contract between Atlantic City and AtlantiCare MedCom for the current period and the previous Contract, also including cost.

Res. 114-16, Res. 311-16, Res. 330-17

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

FILE COPY

2017 OCT 26 PM 3:02

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name SCHOENMANN MI T Last Name [illegible]

E-mail Address [illegible]

Mailing Address 99 SE Mizner [illegible]

City BOCA RATON State [illegible] Zip [illegible]

Telephone 905-403-2718 FAX

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Could I please have contact information for all of the Type 33 inactive and ~~packed~~ pocketed liquor licenses. I would like to contact the owners and ask if they want to sell.

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 P[illegible]

Custodian Signature

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

CITY CLERK'S OFFICE
2017 OCT 25 PM 12:

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 609-641-6000 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 10-23-17

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 automobile accident on 10-3-17 at 10:08 am with case number 1710-0075. Pedestrian 1 is Keisha Stewart.

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 OCT 25 PM 3:41

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 OCT 25 PM 3:41

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 TED MI ____ Last Name GARRY

E-mail Address THEODOREA GARRY @ AOL.COM

Mailing Address 611 B SEWELL AVE.

City AC State NJ Zip 08401

Telephone 609 816 4965 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 10/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

COPY OF RFP THAT WAS SUBMITTED BY ABM PARKING SERVICES OF CLEVELAND, OHIO.... FOR THE CITY OF ATLANTIC CITY PARKING METER SERVICE IN 2016

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 OCT 25 PM 2:53

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 Steven MI ____ Last Name Rozek

E-mail Address srozek@matrixneworld.com

Mailing Address 25 Columbia Turnpike

City Florham Park State NJ Zip 07932

Telephone 973-240-1800 FAX 973-240-1818

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

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

Signature _____ Date 10/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Matrix is performing an environmental due diligence for properties immediately adjacent to the N. J. Route 30 Bridge Over Beach Thorofare on Absecon Boulevard, Atlantic City, Atlantic County, New Jersey. These properties include Block 799; Lots 25, 27, and 28, Block 838; Lots 12, 15, 18, and 20, Block 720; Lots 1 and 1, Block 737; Lots 1 and 2, Block 736; Lots 3 and 4, Block 735, Lot 1, Block 678; Lots 21, 20, 19, 18, 17, 16, 4, 3, 2, and 1, Block 741; Lots 1, 2, 3, 4, and 5, Block 738, Lot 1 and Block 739, Lot 1. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein

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 # ____
Recd Date ____
Resty 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 A Last Name Lehrer, Esq.

E-mail Address lisa.lehrer@dsslaw.com

Mailing Address 375 Cedar Lane

City Teaneck State NJ Zip 07666

Telephone 201-907-5000 FAX 201-692-0444

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police records for crime at/around Ocean One in the Pier by Caesars 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 OCT 12 P 1:18

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 Jan MI ____ Last Name Holt2

E-mail Address emtj203@comcast.net

Mailing Address 10461 Mill Run Circle, Suite 1100

City Owings Mills State MD Zip 21117

Telephone 443.850.7295 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 Jan Holt Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached addendum
EMG # 126247 - 17R000 - 014. 264

Please notify of any Fees prior

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 ____

EMG is an engineering firm currently conducting a property condition survey of the below-referenced property. As part of the due-diligence process, we are submitting this letter through the Freedom of Information Act to obtain information specific to the property. We request your assistance by providing us with the following information concerning the site and buildings:

EMG# 126247.17R000-014.264

Bally's

1900 Pacific Avenue

Atlantic City, NJ 08401

Fire

1) Date of last fire department inspection.

2) Are there any OUTSTANDING fire code violations?

3) How often is the subject property inspected? (annually, biennially, other)

Building

1. Does the Building Department conduct routine inspections at the property? If yes, what is the frequency?
   2. What is the date of last Building Department inspection?
   3. Are there any OUTSTANDING Building code violations? If Yes, Please provide documentation describing the violation(s)
   4. Is a copy of the original C of O or original Building Permit available to be emailed to us?

Responses may be emailed directly to my email address: emtj203@comcast.net

If **outstanding** violations are on file, please provide copies of the reports/citations. If you need additional information to complete this request, please contact me at (443) 850.7295. Thank you for your prompt attention to this matter.

Sincerely,

Jan M. Holtz| Compliance Researcher EMG

10461 Mill Run Circle, Suite 1100, Owings Mill, MD 21117

www.emgcorp.comp: 443-850-7295 |emtj203@comcast.net

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 OCT 16 AM 9:38

Ph: 609-347-5510 Fax: 6093476408

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 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 09/24/2017

End Date 10/07/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF ATLANTIC CITY
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 A Last Name Lehrer, Esq.

E-mail Address lisa.lehrer@dsslaw.com

Mailing Address 375 Cedar Lane

City Teaneck State NJ Zip 07666

Telephone 201-907-5000 FAX 201-692-0444

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police records for crime at/around Ocean One in the Pier by Caesars Atlantic City, NJ

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Linda MI ____ Last Name Lavinsky

E-mail Address melavinsky@hotmail.com

Mailing Address 118 S. Newton Ave

City Atlantic City State NJ Zip 08401

Telephone (609) 214-2416 FAX ____

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

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

Signature Linda Lavinsky 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.

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On June 6, 2017 I attended the Planning Board meeting at City Hall. My neighbor, Robert Weller who lives at 128 S. Newton Ave, had applied for a variance. I would like to receive a copy of the approved variance.

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 ____

2017 OCT 26 AM 10:58

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 Daniel MI D Last Name Lawler
E-mail Address dlawler@excelenv.com
Mailing Address 111 North Bridge Center Dr.
City North Brunswick State NJ Zip 08902
Telephone 732-545-9525 FAX 732-545-9425
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 would like to request any documents pertaining to the environmental assessment, investigation, and/or remediation at the properties located at Block 62, Lots 1 and 2 and Block 68, Lot 3.02. This information includes, but should not be limited to, all permits, underground storage tank (UST) installations/closures, current and past tenants/owners, site plans/surveys and tax assessor information. Please forward this request to the following departments: tax assessor, zoning office, building department, fire department, water and sewer department, health department and office of emergency management.

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

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT 30 PM 3:31

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 Barbara MI S Last Name Horne-Peterdorf

E-mail Address bspetersdorf@law.gwu.edu

Mailing Address 2000 G Street NW

City Washington State DC Zip 20053

Telephone 8057980724 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 B Horne-Peterdorf Date 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

To Whom It May Concern:

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I request copies of any documents pertaining to settlement agreements that resolve following case: Lopez-Siguenza V. Roddy, Esquire Et Al, 1:13cv2005 (D.N.J.)

This case was brought by Mr. Carlos Lopez-Siguenza, who sought damages from state and county officials arising from his wrongful conviction of child sex abu 2004.

If there are any fees for searching or copying these records, please inform me if the cost will exceed $10.00. However, I would also like to request a waiver of fees because the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of wrongful convic compensation. This information is not being sought for commercial purposes.

The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer, please c me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Please contact me at (805) 798-0724 or bspetersdorf@law.gwu.edu if you have any questions regarding this request.

I appreciate your assistance with this matter. Thank you for considering my request.

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 OCT 27 PM 1:14

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 Rob S MI ____ Last Name Scheffey

E-mail Address robscheffey@hotmail.com

Mailing Address 1835 Ferguson Lane

City Blue Bell State PA Zip 19422

Telephone 609 802 8798 FAX ____

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

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

Signature [signature] Date 10/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

0102-33-138-003

copy of 2011 tax Clearance Certificate & License and letter re: seizure of license

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature

FILE COPY

2017 OCT 25

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone No. (609)347-5510 Fax No. (609)347-640

Important Notice

The last page of this form contains important information related to your rights concerning gover

Requestor Information – Please Print

First Name Alexandria MI ____ Last Name Brown

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 820 Bear Taverno

City West Trenton State NJ Zip 08628

Telephone 720-509-3238 FAX ____

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

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

Signature Alexandria Brown Digitally signed by Alexandria Brown Date: 2017.10.25 07:17:11 -06'00' Date 10/25/2017

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

In search of any open code violations and open permits for property address 1001 N Ohio 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 ____

Rec

Final Cost

Total ____

Deposit ____

Custodian Signature

FILE COPY

2017 OCT 30 AM 11:58

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI W Last Name Biondi

E-mail Address matthew.biondi@wilsonelser.com

Mailing Address 200 Campus Drive, 4th Floor

City Florham Park State NJ Zip 07932

Telephone 973-735-5752 FAX 973-624-0808

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 10/30/17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide the tax assessor records including any related tax maps for the properties located at 2414 Atlantic Avenue and 2420-2422 Atlantic Avenue in Atlantic City, New Jersey for the year of 2015. Please do not hesitate to contact me with any questions.

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 _____
Balan

Records Provided

Custodian Signature

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 OCT 30 PM 3:31

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI S Last Name Horne-Peterdorf

E-mail Address bspetersdorf@law.gwu.edu

Mailing Address 2000 G Street NW

City Washington State DC Zip 20053

Telephone 8057980724 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 B Horne-Peterdorf Date 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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To Whom It May Concern:
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This case was brought by Mr. Carlos Lopez-Siguenza, who sought damages from state and county officials arising from his wrongful conviction of child sex abu 2004.
If there are any fees for searching or copying these records, please inform me if the cost will exceed $10.00. However, I would also like to request a waiver of f fees because the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of wrongful convic compensation. This information is not being sought for commercial purposes.
The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer, please c me with information about when I might expect copies or the ability to inspect the requested records.
If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.
Please contact me at (805) 798-0724 or bspetersdorf@law.gwu.edu if you have any questions regarding this request.
I appreciate your assistance with this matter. Thank you for considering my request.

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 ____

____ Date

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY OF ATLANTIC CITY
2017 SEP 13 PM 4:00

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 MBUTRYN@gmail.com

Mailing Address 29 Cottage Lane

City Springfield State NJ Zip 07081

Telephone 908 208-8387 FAX 973-859-7873

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 9/13/2017

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 materi

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

Extras: Special service charge dependent upon request.

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

PILOT (Payment in lieu of taxes) 2016 + 2017
amounts + payment status

1) Block 571 Lot 1 – Golden Nugget AC – Atlbrig BLVD + Huron Avenue

2) Block 567 Lot 9 – Golden Nugget AC – Air Rights Huron 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
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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 ____

Custodian

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 SEP 26

10-9

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 @ Signature-info.com

Mailing Address 29 College Lane

City Springfield State NJ Zip 07081

Telephone 908 2088387 FAX 973-326-4104

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 9/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Pilot Charges 2016 + 2017 Billed Amounts + Payment Status
Desert Place of NJ Boardwalk - 2125 Boardwalk
Boardwalk Regency Corp

	Block	Lot	
1)			10 $ Matching on the
2)	159.02	1.02	2101 Pacific Ave
3)	161	1.02	139 S. Arkansas Ave
4)	42	4.01	1809 Pacific Ave
5)	157	21.01	

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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 Provid

Custodian Signature

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT 24 AM 9:31

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 Newman0825@yahoo.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 10/24/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PILOT Payment in lieu of taxes – 2017 Billed Amount + Payment history

Block	Lot	Owner	Address
572	1	Harrahs	NE Connecticut + Evelyn
573	1		NE Vermont + Grace
573	3		Brigantine Blvd
575	1		1725 Harrahs Blvd
575	2		Brigantine BLVD
576	1.13		Huron Avenue
576	3		NE Massachusetts + Helen

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

CITY OF ATLANTIC CITY
CITY CLERK'S SERVICE

18 AM 10:2

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Michael MI S Last Name Newman

E-mail Address Newman0825@yahoo.com

Mailing Address 29 Cotswold 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 10/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PILOT (Payment in lieu of taxes)
2016 + 2017 Billed amount + payment status

BLOCK	LOT	Address	OWNER
45	5	1935 Boardwalk	Bally Park Place
42	1.03	Arkansas Ave	
42	[redacted] 1.02	Arkansas Ave	

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

OCT 10 PM 12: 22

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 2088387 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 10/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Plot Charges 2016+2017 Billed Amount + Payment Status

Block	Lot	Ballys Air Rights Pop Lloyd Blvd
42	1	2000 Pacific Avenue
43	1	1900 Pacific Avenue
45	3	1901 Boardwalk
45	1	1811 Boardwalk
44	4	124 Park Place

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

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

10 AM 7:26

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 Co Huge Lane

City Springfield State NJ Zip 07081

Telephone 908 2088387 FAX 973376 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 6/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PILOT (Payment in lieu of taxes)
2016 + 2017 Billed Amounts + Payment Status

Block 261 Lot 28 Qualifier X TTK Real Estate LLC
29 N Boston 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

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT 24

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 Terri MI ____ Last Name Adams

E-mail Address terri.adams@kubickidraper.com

Mailing Address 125 W. Romana St., Ste. 550

City Pensacola State FL Zip 32502

Telephone 850-434-0003 FAX 850-434-0223

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 Terri Adams Date 10/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

alt87281, alt87282, alt87283, alt87284, alt87285 & alt87458. Please provide the files for the above cases. 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

Final Cost

Total ____

Deposit ____

Balance Due ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 OCT 26 AM 7:50

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE, 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 Niall Last Name O'Brien

E-mail Address nobrien@archerlaw.com

Mailing Address Archer & Greiner, P.C., One Centennial Square

City Haddonfield State NJ Zip 08033

Telephone (856) 616-2696 Fax (856) 795-0574

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 [signature] Date 10/25/2017

Payment Information

Maximum Authorization Cost $50

Select Payment Method

Cash (Check) Money Order

Fees:
Letter size pages: $.05 per page
Letter size pages: $.07 per page
Other materials (CD, DVD, etc.) – actual cost of material

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

Extras:
Special service charge dependent upon request

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 current Gateway Redevelopment Plan.

AGENCY USE ONLY	AGENCY USE ONLY	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 (7) business days, detail reasons here. In progress – Open ____ Denied – Closed ____	**Tracking Information/Final Cost** Tracking # ____ Rec'd Date ____ Ready Date ____ Total Pages ____ Fees ____ Delivery ____ Extras ____ Total Due ____ **Records Provided**

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)347-5510 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 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 6

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 ____

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 Eleonora MI ____ Last Name Vespertino

E-mail Address el@downbeachel.com

Mailing Address Coldwell Banker Argus, 7227 Ventnor Ave

City Ventnor State NJ Zip 08406

Telephone 609-841-7854 FAX 609-823-8210

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

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

Signature Eleonora Vespertino Date 10/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

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

Would like an information on property 38 South Windsor Ave
Block 201, Lot 7.
Any permits or any information pertaining to
oil tank?
Thank-you for your help.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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

CITY CLERK'S OFFICE
2017 OCT 26 PM 12:55

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)347-5510 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 Sherry MI ____ Last Name Stone
E-mail Address SFletcher@njm.com
Mailing Address 840 12th St.
City Hammonton State NJ Zip 08037
Telephone 800-367-6564 x2694 FAX 609-671-5371
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 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.

Requesting:
1) A copy of a witness statement (attached to accident case no: 1706-0480)
2) Witness contact information

Please email to SFletcher@njm.com and reference claim no: 2017-732660

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 OCT 30 AM 7:43

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 10/29/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We 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

OCT 27 PM 1:12

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 Beth MI D. Last Name Chisholm

E-mail Address beckadjustment.beth@gmail.com

Mailing Address P.O. Box 571

City Burlington State NJ Zip 08016

Telephone 609-230-0675 FAX 609-386-7460

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 Beth Chisholm Date 10/24/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please refer to our letter. We are requesting scene photographs and video surveillance related to Case Number 1708-0049. Additionally, the police report mentions an eyewitness and we are requesting to be provided with the name and contact information for this witness, as well as a copy of their statement to police at the scene.

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
OCT 30 PM 3:07

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 Paula MI ____ Last Name Martinez
E-mail Address PAULA.MARTINEZ@KW.com
Mailing Address 701 N. Derby Ave
City Ventnor State NJ Zip 08406
Telephone (c) 732-616-6807 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 /s/ Paula Martinez Date 10.30.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

property address: 100 S. Berkley Sq. Unit 6E Blk: 6 Lot: 6005

All code records (including, but not limited to, violation notices, abatement notices, penalties, certificates of approval and occupancy, etc.), all building permit records (including, but not limited to, approvals, correction lists, permits, etc.), all zoning records (including, but not limited to, current zoning, variances, etc.), any open municipal charges, and all tax assessment records (including, but not limited to, tax assessment notice, tax assessor's property card, etc.).

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 ____

* Please email to: Paula.Martinez@KW.com. Thank you!

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 OCT 31 11:33

2017 OCT 31 11:33

11-10

Important Notice

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

Requestor Information -- Please Print

First Name William MI ____ Last Name Snyder

E-mail Address WSNYDER@NORTHEASTCARPENTERS.ORG

Mailing Address ~~[illegible]~~ 1803 Spring Garden St

City Phila State PA Zip 19130

Telephone 609 402-2149 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 10/26/17

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.

I am requesting Any & ALL documents including certified Payrolls for the following project.

Boardwalk Reconstruction Rhode Island to Orientxl

Project # 15-23

Contractor Walters Marine

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 OCT 31 AM 7:

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Randy MI ____ Last Name Thompson

E-mail Address Info@HelpNotHandcuffs.org

Mailing Address P.O. Box 674

City Asbury Park State NJ Zip 07712

Telephone 908-444-2449 FAX ____

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

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

Signature [signature] Date 10-30-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

Any communication, resolution, memorandum of understanding, guidance document, etc. between The City of Atlantic City + The Needle Exchange program which references limits of The Needle Exchangers operations, or its ability to operate.

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 ____

Read

Total

Final

Total

Deposit