Pls fax back to 908-647-1269

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 _____ MI _____ Last Name _____

E-mail Address _____

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 _____ 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.

Want to verify a liquor license.
Ed Stokes LLC.
Sirens Bar & Grill
447 Carson Ave
Atlantic City, NJ
Lic: 0102-33-211-008

Just want to verify that this info is correct and ready to do Business and their liquor license is good.

YES

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP 19 PM 3:21

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 JAMES MI P Last Name Grimley
E-mail Address Jim@GRIM-LAW.com
Mailing Address 22 North Shore ROAD
City Absecon State NJ Zip 08201
Telephone 609-241-8970 FAX 609-568-5243
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 _____ Date 9/19/17

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

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

CURRENT CONTRACT BETWEEN THE CITY OF ATLANTIC CITY AND THE ATLANTIC CITY SUPERVISORS EMPLOYEE UNION; AND
THE CURRENT SALARIES BEING PAID BY THE CITY OF ATLANTIC CITY TO SUB CODE INSPECTORS IN THE FOLLOWING DEPARTMENTS; PLUMBING, ELECTRICAL, BUILDING, FIRE, AND LICENSING AND INSPECTIONS.

AGENCY USE 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 SEP 19 AM 7:51

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 Cynthia MI N Last Name Grob, Esq

E-mail Address cgrob@cooperlevenson.com

Mailing Address ~~Cooper Levenson, 1415 Marlton Pike, Rt 70 E, Suite 205~~

City ~~Cherry Hill~~ State ~~NJ~~ Zip ~~08034~~

Telephone ~~856-857-5586~~ FAX ~~85-857-5587~~

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

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

Signature _____ Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 reports, investigation reports and/or complaints and/or any prosecutors' criminal files from September 1, 2016 through September 18, 2017 which identify Kristen E. Radcliff - date of birth February 11, 1978 and/or Nina Singh Radcliff, date of birth November 18, 1977 as a complaining witness, victim, perpetrator or defendant or otherwise referencing either individual in any capacity.

AGENCY USE 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 _____

Place Logo Here

ATLANTIC CITY POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 12 PM 12:08

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

Place Logo Here

Important Notice

The last 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 1 Last Name Highttower

E-mail Address

Mailing Address 101 Boardwalk apt. 719

City Atlantic City State NJ Zip 08401

Telephone 609 992-3926 FAX

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

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

Signature Steven Highttower Date September 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request the records of my Atlantic city Boardwalk Robbery. I got Father permission Record # 1708.0239.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -7 AM 11:46

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

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

Important Notice

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

Requestor Information – Please Print

First Name Richard MI A Last Name Donato

E-mail Address lolla2904@gmail.com

Mailing Address 2745 S 10th ST

City Philadelphia State PA Zip 19145

Telephone 215-510-9479 FAX

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

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

Signature [signature] Date 9/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any recorded Construction Permits for the address 1670 W Riverside Ave (Block 695 Lot 2) for the years 2010 - 2017

Is there a current C/O for same Block & Lot.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY CLERK'S OFFICE
2017 SEP -7 AM 7:04

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 James MI ____ Last Name Roberts

E-mail Address tristate.office19034@gmail.com

Mailing Address 134 E. Chestnut Ave

City North Wildwood State NJ Zip 08260

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 ____ Date 9/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Records for the 2017 tax year.
Mailroom records relating to office equipment, specifically, mail machine lease information (postage meters, letter openers, etc)...
Email to: Tristateoffice19034@gmail.com

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

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

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

City Denver State CO Zip 80237

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

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

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

Signature _____ Date 09/06/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

120 N Texas Ave RR #C, Atlantic City, NJ
Block 342 / Lot 12

Thank you!

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Fred MI H Last Name Enzman

E-mail Address fhenzman@vanguardadjusters.com

Mailing Address P.O. Box 835

City Woodbury State NJ Zip 08096

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

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

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

Signature Fred Enzman Date 9/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Fire Report

Insured- HR Hospitality LLC
Knights Inn

Date: 8/19/2017

Location- 1630 North Albank Avenue
Atlantic City, NJ 08401

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Date

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -7 PM 3:

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Sent via 9/7/17

Important Notice

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

Requestor Information – Please Print

First Name Jacqueline MI ___ Last Name Andrews
E-mail Address jacqueline@casabellarealtors.com
Mailing Address 601 Nuo Rd
City Linwood State NJ Zip 08221
Telephone 609-214-1094 FAX 609-601-6136
Preferred Delivery: Pick Up ___ US Mail ___ On-Site Inspect ___ Fax X or 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 Jacqueline Andrews Date 9-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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.

This is a foreclosed property I need to have information concerning municipal liens and/or Code enforcements violations.

9 S. Dover Ave & 101 S. Plaza Pl #708

AGENCY USE 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

9/18

CITY CLERK'S OFFICE
SEP -7 AM 7:04

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 Erin MI N Last Name Serpico

E-mail Address eserpico@pressofac.com

Mailing Address 1000 W Washington Ave

City Pleasantville State NJ Zip 08232

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

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

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

Signature [signature] Date 9-6-2017

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'd like to request a record of all reported crime on the Atlantic City Boardwalk from May 26, 2017 to September 4, 2017. If possible, I would like statistics in terms of incident, location, time, and date.

- I would also like crime totals from incidents on the Boardwalk during that time period in 2016, 2015, 2014 & 2013 -

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

2017 SEP -7 PM 2:18

Important Notice

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Requestor Information – Please Print

First Name Tony MI ____ Last Name DiDio

E-mail Address tony.didio@colliers.com

Mailing Address 1317 Route 73, Suite 109

City Mount Laurel State NJ Zip 08054

Telephone 609.820.5900 FAX 856.222.1115

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 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

In need of available pocket liquor licenses available for sale in Atlantic City

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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 - 1301 Bacharach Blvd Atlantic City, NJ 08401

2017 SEP -5 AM 7:31

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 Grace MI ____ Last Name D'Souza

E-mail Address archana.d@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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

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

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

Signature Grace Date 09/01/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please advise if any open code violations, open/expired building permits & liens/special assessments for the below property:
File # : 605520
Parcel : Blk: 559 Lot: 7
Add : 514 N Massachusetts 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 ____

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 – 1301 Bacharach Blvd Atlantic City, NJ 08401

CITY CLERK

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704

Phone No. (609)347-5510; Fax No. (609)347-8408

2017 SEP -6 AM 10:56

9-15

Important Notice

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

Requestor Information – Please Print

First Name Samuel MI _____ Last Name Lashman

E-mail Address lashmans@yahoo.com

Mailing Address 119 N. Hanover Ave.

City Margate State NJ Zip 08402

Telephone 609-344-7755 FAX same

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

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

Signature _____ Date 9-6-17

Payment Information

Maximum Authorization Cost $ 10.00
request production by email
Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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. Copy of citizen's petition with all signature pages, believed to have been filed on or about June 14, 2017, to oppose privatization or sale of Atlantic City Municipal Utilities Authority (MUA);
2. Copies of any confirmation or communication from the Clerk of Atlantic County or any other authority approving or denying placing question on ballot for November 7, 2017 election or any other election to be scheduled in 2017.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

Paula Geletei

From: Harris_Sonya <Harris_Sonya@aclink.org>
Sent: Wednesday, September 06, 2017 4:04 PM
To: Paula Geletei
Subject: OPRA Request - Atlantic City Employee Names/Titles/Salaries

Good Afternoon Ms. Geletei:

Freeholder Coursey asked that I submit an OPRA request to obtain the names (alphabetized), titles, salaries and dates of hire of all current full and part-time employees of Atlantic City including Council.

You may email the list to me at harris_sonya@aclink.org or mail a hard copy to the Freeholder's Office located at 201 Shore Road, Stillwater Building, Northfield, NJ 08225.

Thank you in advance for your assistance in this matter.

Sonya G. Harris
Clerk to the Board
Atlantic County Board of Chosen Freeholders
201 Shore Road
Stillwater Building
Northfield, NJ 08225
(609) 645-5902
Harris_sonya@aclink.org

F
AAF

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -6 AM 9:16

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 Joseph MI ____ Last Name ANELLO

E-mail Address 7 TILLEY AVE

Mailing Address ____

City POMPTON State PLAINS Zip NJ-07444

Telephone 973-835-3652 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 9-6-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MY AUTO PARKED IN CAESAR'S GARAGE on 08/21/2017.
OFFICER SIMPSON
CASE # 17081024

WRITTEN REPORT & COPY OF SURVEILLANCE CAMERA COVERAGE SHOWING THE HIT & RUN

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

CITY CLERK'S OFFICE

2017 SEP -6 PM 1:05

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 706

Phone No. (609)347-6510; Fax No. (609)347-6439

Important Notice

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

Requestor Information – Please Print

First Name: Desiree MI: Last Name: Dwitrut

E-mail Address: dessy_d@yahoo.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 check one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date: 9.6.17

Payment Information

Statutory Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

404 N Vermont Rd, Atlantic City NJ 08401
Oil Tank existence or removal records.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notice
Custodian to stop work if required cannot be delivered in current business days, detail reasons here.

In Progress ____ Open ____
Denied ____ Closed ____

AGENCY USE ONLY

Tracking Information

Tracking #: ____
Receipt Date: ____
Ready Date: ____
Total Pages: ____

Fiscal Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

CITY CLERK'S OFFICE
2017 SEP -5 PM 3:00

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 Joyce MI J Last Name Mollineaux

E-mail Address jjscorpio@juno.com

Mailing Address 912A North New York Avenue

City Atlantic City State NJ Zip 08401

Telephone 609-345-6039 FAX 609-345-6039

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 Joyce Mollineaux Date 9.5.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

The Atlantic City Water Petition. Filed on June 14, 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 KASHAWN MI ____ Last Name MCKINLEY

E-mail Address KASHAWNMCKINLEY@YAHOO.COM

Mailing Address 806 DREXEL AVE

City AC State NJ Zip 08401

Telephone 856-553-8427 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 9.5.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Active and inactive liquor License in Atlantic City

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Jo-Ann MI D Last Name TROUBLEFIELD

E-mail Address jtroublefield@gmail.com

Mailing Address 551 NORTH CONNECTICUT AVE.

City Atlantic City State N.J. Zip 08401

Telephone (609) 328-5352 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 Jo-Ann TROUBLEFIELD Date 9/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

May I please have a copy of any complaints filed and investigative results waged by me to The Environmental Health Office, City of Atlantic City. I

Complaint filed against property of 549 NORTH CONNECTICUT AVE ATL. CITY, N.J. 08401

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP -5 AM 10:18

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 Walter MI ____ Last Name Haslett

E-mail Address bud.haslett@cfainstitute.org

Mailing Address 23 Chelsea Court

City Atlantic City State NJ Zip 08401

Telephone 212-705-1729 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 Walter Haslett Date 9/5/17

Payment Information

Maximum Authorization Cost $200.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

All information for 3809 Ventnor Ave. including units 1, 2, 3, 4, 5, 6, A, B, C for the past 3 years.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 SEP -5 AM 7:31

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 9/4/2017

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.

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

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

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -5 AM 7:35

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 Ashley MI T Last Name Atwell

E-mail Address 3555 NW 68th Street #400

Mailing Address Email: Aatwell@zoning-info.com

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998-132 FAX 405-528-4878

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 Ashley G Atwell Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

RE: Caesars Atlantic City-1811, 1901, 1935 Boardwalk & 1920 Hummock Avenue

Copy of open/outstanding zoning, building and fire code violations
Copy of the Certificate of Occupancy to cover the entire casino
Copy of current or up and coming road projects that will require additional right of way from this property
Copy of approved site plan
Copy of approved variances, special exceptions, conditional/special use permits, zoning cases, ordinances and resolutions related to the property

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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 ____

2017 SEP -5 PM 1:35

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 Ashley MI T Last Name Atwell

E-mail Address Atwell@zoning-info.com

Mailing Address 3555 NW 58th Street #400

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998-132 FAX 405-528-4878

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 9-117

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 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.

RE: Caesars Atlantic City-
2100, 2101, 1809 Pacific Avenue, 1 Atlantic Ocean, 2101, 2125 Boardwalk, 139 S. Arkansas Avenue and 10 & 15 S. Michigan Avenue

Copy of open/outstanding zoning, building and fire code violations
Copy of current or up and coming road projects that will require additional right of way from this property
Copy of approved site plan
Copy of approved variances, special exceptions, conditional/special use permits, zoning cases, ordinances and resolutions re

AGENCY USE 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 ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -5 AM 7:25

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)347-5408

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 Ashley MI T Last Name Atwell

E-mail Address Atwell@zoning-info.com

Mailing Address 3555 NW 58th Street #400

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998-132 FAX 405-528-4878

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 9-1-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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.

RE: Caesars Atlantic City-
2100, 2101, 1809 Pacific Avenue, 1 Atlantic Ocean, 2101, 2125 Boardwalk, 139 S. Arkansas Avenue and 10 & 15 S. Michigan Avenue

Copy of open/outstanding zoning, building and fire code violations
Copy of current or up and coming road projects that will require additional right of way from this property
Copy of approved site plan
Copy of approved variances, special exceptions, conditional/special use permits, zoning cases, ordinances and resolutions re

AGENCY USE 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 SEP -6 AM 8:16

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 Joseph MI ____ Last Name ANELLO

E-mail Address 7 Tilley Ave

Mailing Address ____

City Pompton Plains State NJ Zip 07444

Telephone 973-835-3652 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 9-6-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MY AUTO PARKED IN CAESAR'S GARAGE on 08/21/2017.
OFFICER SIMPSON
CASE # 17081024.

WRITTEN REPORT & COPY OF SURVEILLANCE CAMERA COVERAGE SHOWING THE HIT & RUN

AGENCY USE 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

C____ e____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 SEP -5 AM 10:34

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 RAUL MI J Last Name HERALDO

E-mail Address PJHerald066@GMail.com

Mailing Address 228 N. MASS. AVE.

City ATlantic State N.J. Zip 08401

Telephone 609 204 4982 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 Sept 5-2017.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Info on Gardiner Basin Agreement with Scarborough Prop. Concerning Tenants Rentals.

AGENCY USE 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 _____

JERRY C. GOLDHAGEN
Attorney at Law
CENTRAL PARK EAST
222 NEW ROAD, SUITE 302
LINWOOD, NJ 08221

TEL: (609) 927-9227
FAX: (609) 927-9233

ADMITTED 1979

NJ, PA, NY BARS

August 31, 2017

Atlantic City Mercantile License Office
Atlantic City Hall
1301 Bacharach Blvd, #120
Atlantic City, NJ 08401

Re: **OUR CLIENT/CLAIMANT: SINTERE SMITH**
DATE OF ACCIDENT: AUGUST 18, 2017
BUSINESS NAME: CAESARS HOTEL & CASINO ATLANTIC CITY
OUR FILE NO.:

Dear Sir/Madam:

We wish to confirm the name and address of the owners and operators of the Caesars Hotel & Casino on August 18, 2017, and how long those persons or entities were the record owners. If there has been a change in owners since August 18, 2017, we wish to know the date of the change and the name and address of each new owner since then.

Please feel free to place this information directly on the bottom of the original of this letter, returning it to our office in the envelope provided for your convenience. Thank you for your anticipated cooperation

Very truly yours,

JERRY C. GOLDHAGEN

JCG:dd
cc: client

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 29

Important Notice

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

Requestor Information – Please Print

First Name DETTINA MI ____ Last Name ROBINSON

E-mail Address ____

Mailing Address 503 OHIO AVE 2ND FLR

City ATL CITY State NJ Zip 08401

Telephone 609 674 4635 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 Dettina Robinson Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

COPIES of Code Violations of 215 Texas AVE 2ND FLR

AGENCY USE 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 – 1301 Bacharach Blvd Atlantic City, NJ 08401

2017 SEP 25 AM 9:37

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 Jane MI B Last Name Williams

E-mail Address backbayalehouse@hotmail.com

Mailing Address 539 N New Jersey Ave, B

City Atlantic City State NJ Zip 08401

Telephone 609/517-6500 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 Jane B Williams Date 9/25/17

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.

All documents and physical copy regarding redevelopment, renovation of Gardner's Basin (including RFP, Redevelopment Agreement, Master Lease, Sub-leases, all exhibits from above, etc)
All Board of Director meeting notes for Historic Gardner's Basin

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress – Open ____
Denied – Closed ____

AGENCY USE ONLY

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

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

Records Provided

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 21 PM 12

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 LynAy MI E Last Name Bundick

E-mail Address lynaybundick@gmail.com (no spaces)

Mailing Address 118/132 S. Providence Ave Unit 101

City Atlantic City State NJ Zip 08401

Telephone 570-926-1347 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 Lynay E Bundick 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.

Most recent Violations for Construction (open) in regard

Mr. Frank Procopio

118-132 S. Providence Ave Condo #109 (Block 24 - Lot 10)

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

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

Paula Geletei

From: Ashley Atwell <aatwell@zoning-info.com>
Sent: Tuesday, September 19, 2017 8:08 AM
To: Paula Geletei
Subject: RE: opra

Importance: High

Good morning Paula,

Our client has asked us to request additional information for another Lot and Block that relate to the property previous requested. May I revise my request to add the following:

Lot 4, Block 44

1) Zoning Verification – RSC
2) Provide copies of any open building code violations CRDA
3) Provide copies of any open zoning code violations
4) Provide copies of any open fire code violations
5) Provide copies of any variances, ordinances, special permits, conditional/special use permits, zoning cases and resolutions associated w
6) Provide copy of certificate of occupancy for property
7) Provide copies of any road project plans (construction, widening, etc...) that would require additional right of way from the property

Ashley Atwell
Research Analyst
ZONING-INFO
Office (405) 525-2998 x 132
Fax (405) 528-4878
3555 NW 58th Street, Suite 400
Oklahoma City, OK 73112
www.zoning-info.com

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP 19 PM 12:09

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 Joan MI E Last Name Warren

E-mail Address JEW569@AOL.COM

Mailing Address ~~6 Charles Ct~~ 705 E. Brook Lane

City Galloway State NJ. Zip 08205

Telephone 609-377-2766 FAX _____

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 Joan E Warren Date 9-19-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Assessed Values from 2012 to Now for 2 Charles Ct., 4 Charles Ct. & 6 Charles Court, A.C., NJ. Please call when ready to pick up at 609-377-2766, ~~or mail to~~ or Email JEW569@AOL.COM.

AGENCY USE 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 SEP 19 AM 10:41

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

Important Notice

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

Requestor Information – Please Print

First Name Mohammed MI _____ Last Name HUSSAIN

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone 609-369-2426 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 X Mohamed Hussain. Date 09.19.17

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.

Lease Agreement # 129

2014 - 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

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 18 AM 8:29

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

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

9-27

Important Notice

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

Requestor Information – Please Print

First Name Sheldon MI A Last Name Goodstadt Esq.

E-mail Address velykisa@ogklawyers.com

Mailing Address 135 Kings Highway East

City Haddonfield State NJ Zip 08033

Telephone 856-770-0009 FAX 856-770-0053

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X or 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 9/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide the name of the owner and contact information (mailing address) for the parking lot located at 3500 Pacific Avenue in Atlantic City.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CITY CLERK'S OFFICE
2017 SEP 15 AM 7:51

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 Alexander MI ____ Last Name Hersonski

E-mail Address ahersonski@lsnj.org

Mailing Address 1300 Atlantic Avenue, Mezzanine Floor

City Atlantic City State NJ Zip 08401

Telephone (609) 348-4200 ext 6326 FAX (609) 345-6999

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 Alexander Hersonski Date 9/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

E-mail Prefer

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

For the property located at 439 N. Harrisburg Ave., Apt #1, Atlantic City, NJ 08401:

(1) All Code Enforcement Inspection Reports for last two (2) years.

(2) Copies of any Notices Served upon the building owner, which includes Inspection Reports; Re-Inspection Notices; Violation Notices; Unfit for Human Occupancy Notices pertaining to above building from Code Enforcement and Construction Offices.

(3) Any and All correspondence between Atlantic City Code Enforcement and other Municipal Code Enforcement Officer or Official in last one (1) year.

(4) Notes and Memoranda pertaining to above buildings in last one (1) year.

(5) Construction permits (2 years)

(6) Landlord Registration Statement (2015, 2016, 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 ____

FILE COPY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE

2017 SEP 15 PM 3:49

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
SANDY RECOVERY DIVISION
101 SOUTH BROAD STREET
PO BOX 823
TRENTON, NJ 08625-0823

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHARLES A. RICHMAN
Commissioner

September 14, 2017

VIA FACSIMILE @ 609-347-6408

City of Atlantic City
City Clerk's Office, Room 704
1301 Bacharach Blvd
Atlantic City, NJ 08401
Attn: Records Custodian

RE: Open Public Records Request

Dear Records Custodian:

This is a request under the Open Public Records Act ("OPRA") and the Common Law Right of Access on behalf of the Department of Community Affairs, Sandy Recovery Division. Kindly please provide the following:

1. Any paystubs, payroll reports/records, documents, emails, or letters that reflects a change of address from Steven Sooy from 60 Lighthouse Court, Atlantic City (or any other address) to 42 Cummings Place, Brigatine, New Jersey (or any other address) between January 2012 and February 2013.

If no such document exists concerning a change of address, please provide a written response that indicates "no such record exists". If you have any questions or need clarification about this request, please contact me at 609-292-6050. Responses to this request can be made via email at Tara.Jean@dca.nj.gov.

Thank you for your kind cooperation.

Sincerely,

Tara Jean
Paralegal

FILE COPY

2017 SEP 14

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 AHSANUL MI I Last Name KHAN

E-mail Address ahsanulKhan60@Yahoo.Com

Mailing Address 2807 Fire Road

City Egg Harbor Twp. State NJ Zip 08234

Telephone 609-665-9072 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 Ahsanul Ulam Khan Date 09/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2017-2018; Lease Agreement # 022

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

2017 SEP 13 AM 7:25

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: 9/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF ATLANTIC CITY

2017 SEP 13 AM 11:25

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 13 AM 11:2

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 Tina MI M Last Name Casey

E-mail Address tcasey@actionsupplyco.com

Mailing Address 100 S. Shore Rd

City Marmora State NJ Zip 08223

Telephone 609-432-2784 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 TMCasey Date 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1075 N. Albany Ave
Atlantic City, NJ
Plan, Permit, Violations, 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 _____

FILE COPY

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704

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

2017 SEP 12 PM 2:03

Important Notice

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

Requestor Information – Please Print

First Name Samuel MI ____ Last Name Lashman

E-mail Address lashmans@yahoo.com

Mailing Address 119 N. Hanover Ave.

City Margate State NJ Zip 08402

Telephone 609-344-7755 FAX same

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 9-12-17

Payment Information

Maximum Authorization Cost $ 10.00
request production by email
Select Payment Method electronic

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Inside White printout sheets in Property Record cards containing square footage, OAR and other information for each of the properties on the attached list approx 35 items. I do not need copies of the manilla "cards" just the white printout pages unless the pages do not exist or do not have building square footage numbers.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____

AGENCY USE ONLY

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

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

Records Provided

CITY CLERK'S OFFICE
CITY OF ATLANTIC CITY

2017 SEP 12 PM 12:13

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office, Room 704

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

KEVINCLARK@HELMERLEGAL.COM

Important Notice

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

Requestor Information – Please Print

First Name KEVIN MI ____ Last Name CLARK, ESQ.

E-mail Address KevinCLARK@HelmerLegal.com

Mailing Address 97 West MAIN STREET

City FREEHOLD State N.J. Zip 07728

Telephone 848 207 3500 FAX 888 401 1567

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 9/4/17

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.

CRIMINAL COMPLAINTS, ARREST REPORTS (RECORD INFORMATION), AND ARREST PHOTOS FOR JOANNE GALLAGHER, AKA JOANNE DAVIS, AKA JOANNE JONES, SBI NO. 291884B (SEE ATTACHED LIST)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

CITY CLERK'S OFFICE
CITY OF ATLANTIC CITY

2017 SEP 12 PM 12:13

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

KEVINCLARK@HELMERLEGAL.COM

Important Notice

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

Requestor Information – Please Print

First Name KEVIN MI ___ Last Name CLARK, ESQ.

E-mail Address KevinCLARK@HelmerLegal.com

Mailing Address 97 West MAIN STREET

City FREEHOLD State N.J. Zip 07728

Telephone 848 207 3500 FAX 888 401 1567

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 9/4/17

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.

CRIMINAL COMPLAINTS, ARREST REPORTS (REDACTED INFORMATION), AND ARREST PHOTOS FOR JOANNE GALLAGHER, AKA JOANNE DAVIS, AKA JOANNE JONES, SBI NO. 291884B (SEE ATTACHED LIST.)

AGENCY USE ONLY

Est. Document Cost ___

Est. Delivery Cost ___

Est. Extras Cost ___

Total Est. Cost ___

Deposit Amount ___

Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

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

In Progress - Open ___

Denied - Closed ___

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

2017 SEP 12

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 Sal MI ____ Last Name Spatola

E-mail Address Sal.Spatola@me.com SALSPATOLA@ME.COM

Mailing Address 3165 24th Street

City Astoria State NY Zip 11106

Telephone 646-469-7405 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 Sal Spatola Date 9/11/17

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 need all documents and records of violations and summonses for property 530 Atlantic 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		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-347-5510 Fax: 6093476408

PUBLIC RECORDS

Important Notice

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

or Information – Please Print

Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ Date

FILE COPY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP -8 PM 12:18

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 Diana MI M. Last Name Janansky

E-mail Address djanansky@levinestaller.com

Mailing Address Levine, Staller, Sklar, Chan & Brown, P.A.
3030 Atlantic Avenue

City Atlantic City State NJ Zip 08401

Telephone (609) 348-1300 FAX (609) 347-2473

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 September 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.

Request to the Office of Licensing and Inspection for any and all documents related to any and all transactions in connection with the purchase, transfer or sale of any Jitney vehicle(s) to and/or from Thomas Woodruff, including, but not limited to Jitney vehicles with VIN numbers FDFE4FS6ADA78901 and 1FDFE4FS2BDA16980, for the period of January 1, 2010 through March 1, 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

FILE COPY

Paula Geletei

From: ___ FOIA <foia@buildzoom.com>
Sent: Saturday, September 09, 2017 5:08 PM
To: Paula Geletei
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Atlantic City, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Atlantic City, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Jun 29, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data?

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com

5683

FILE COPY

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Mari MI ____ Last Name Christopher

E-mail Address mchristopher@firstorder llc.net

Mailing Address 4383 Hecktown Road, Suite B

City Bethlehem State PA Zip 18020

Telephone 610-365-2907 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 Mari Christopher Date 9/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are doing a land title survey on the property located at 918 Atlantic Avenue, Atlantic City - Block 135 Lot 1. We are looking for water, storm, sewer, and sanitary as-built and/or site plans. Any information you can provide would be greatly appreciated.

AGENCY USE 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 SEP 19 P12:07

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 DOUGLAS MI ____ Last Name BROWN

E-mail Address CRABDAD 1 @ HOTMAIL . COM

Mailing Address 1220 East shore DR

City Brigantine State NJ Zip 08203

Telephone ____ FAX ____

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

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

Signature Douglas Brown Date 9-19-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

List of all outstanding unpaid Terminal Leave Balances To include Sick time, Vacation, comp time

List of all Terminal Leave Payments Paid from 1/1/16 until 9/19/17 to include sick tim, Vacation and comp time.

AGENCY USE 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 SEP 21 AM 11:08

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name George MI C Last Name Tibbitt

E-mail Address georgetibbitt@yahoo.com

Mailing Address 407 N Annapolis Ave

City AC State NJ Zip 08401

Telephone 609-839-1138 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 Sept 21, 17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Emails between Novellet Hopkins & Mrs. Scott of the State tax assessory office, about My tax appeals.

AGENCY USE 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 SEP 27 PM 2:49

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 David MI ____ Last Name Magliato

E-mail Address DJMAGCIATO@Gmail.com

Mailing Address 500 Boardwalk

City Atlantic City State NJ Zip 08401

Telephone (W) 914-489-9126 FAX ____

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

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

Signature ____ Date 9-27-17

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.

Copy of all monetary penalties for Revel / Polo North / Ten 500 Boardwalk, AC

AGENCY USE 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 SEP 28 AM 11:26 CITY OF ATLANTIC CITY

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 28 AM 11:26 CITY OF ATLANTIC CITY

Important Notice

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

Requestor Information – Please Print

First Name THEODORE MI A Last Name GARRY

E-mail Address THEODORE A GARRY @ AOL . COM

Mailing Address 611 B SEWELL AVENUE

City Atlantic City 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 Ted Garry Date 9/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ALL PARKING METER REVENUE FOR THE YEARS 2011, 2012, 2013, 2014, 2015, 2016, 2017
INCLUDE CASH PAYMENTS MADE TO THE PARKING METERS.
INCLUDE DEBIT/CREDIT CARD PAYMENTS MADE TO THE PARKING METERS.
INCLUDE DOCUMENTS FROM CREDIT CARD PROCESSING COMPANY.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature Date

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Jenn MI ____ Last Name Wendling

E-mail Address JENNMWENDLING@GMAIL.COM

Mailing Address 2715 Boardwalk #101C

City Atlantic State NJ Zip 08401

Telephone 609 513-9222 FAX 609 345 2062

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 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Blue Prints or any other record available to show the interior property lines of 4101 Atlantic and 4103 Atlantic. We need to know where the separation is between the Liquor Store and the Pub. (SHERLOCK'S)

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature

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 SEP 29 PM 2:12

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 Cory MI K Last Name Kestner
E-mail Address ckestner@archerlaw.com
Mailing Address 101 Carnegie Center, Suite 101
City Princeton State NJ Zip 08540
Telephone 609-580-3738 FAX 609-580-0051
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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

Signature Cory K. Kestner Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide the tax bill history for Block 794, Lot 1, Qual: BLDG (total assessed value of $3,244,300) for tax years 2012 to the present. Additionally, please provide any records showing whether there have been any payment deficiencies or surplus for tax years 2012 to the present.

This request is also being made under the Common Law.

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.

on ____
sed ____
ied ____
sed ____

AGENCY USE ONLY

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

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

Records Provided

____
____

Date

FILE COPY

10/6

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 Lacey MI _____ Last Name Silk

E-mail Address SILKMAN111@AOL.COM

Mailing Address 3540 ATLANTIC AVE

City ATLANTIC CITY State NJ Zip 08401

Telephone 609 348-8888 FAX 609 344-5212

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 9/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please forward the current list of Liquor Licenses Both active + inactive.

Thx

L

AGENCY USE 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.

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 26 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: 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP 26 P 12:05

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 Patricia MI A Last Name Johnston

E-mail Address Johnstonpattya@aol.com

Mailing Address 3850 Atlantic Ave Apt 206

City AC State NJ Zip 08401

Telephone 609-334-0770 Fax _____

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

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

Signature Patricia Johnston Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of 9/15/17 SAT Film Footage ACCident involving Hummer Limo and TAXI CAb underneath Tropicana 10pm.

CASE # 1709-0655

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 27 PM 3:19

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

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

Important Notice

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

Requestor Information – Please Print

First Name CHARLES MI W Last Name ATKINSON

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

Mailing Address 51 HOLLYBROOK DR.

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 Carl Date 9/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE ANY CAD REPORTS, 911 LOGS AND RECORDINGS, BODY CAMERA FOOTAGE, AND POLICE REPORTS FOR INCIDENT CASE #1709-0664 WHICH OCCURED AT HARRAHS CASINO ON SEPTEMBER 17, 2017. VICTIM - MICHAEL PITTACK

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 25 P 2:57

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

DUE PAST DUE

Important Notice

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

Requestor Information – Please Print

First Name Jon Last Name Huff

E-mail Address Jon.Huff@pzr.com

Mailing Address 1300 S. Meridian Ave, Suite 400

City Oklahoma City State OK Zip 73108

Telephone 405-546-4437 Fax 405-328-7375

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 Jon Huff Date 9/25/17

Payment Information

Maximum Authorization Cost $

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 change dependent upon request

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 ADDRESSES:
600 Huron & 2100 Absecon Boulevard & Air Rights Huron Avenue & Atlantic Bridge Boulevard & Huron

PROPERTY BLOCK AND LOTS:
Block 567, Lots 3 4 & 5
Block 799, Lots 25, 25B01 & 25B02
Block 567, Lot 9
Block 571, Lot 1

Requesting copies of open Zoning Code violations on file. If none found, please state so. Please do not exceed $50.00 in research/copy fees without my prior written consent.

(our ref #106898-10)

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven (7) business days, detail reasons here.

In progress - Open _____
Denied - Closed ____

AGENCY USE ONLY

Tracking Information/Final Cost
Tracking #_____ Rec'd Date _____ Ready Date _____
Total Pages_____ Fees _____ Delivery _____ Extras __
Total Due _____

Records Provided

COPY

PAST DUE

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 25 PM 1:37

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 EVAN MI A Last Name SANCHEZ

E-mail Address info @ authenticcitypartners.com

Mailing Address 831 N. Main St.

City Pville State NJ Zip 08232

Telephone 609.703.2627 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 9/25/17

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.

Certificate of Land Use Compliance &/or Land Use approvals for 133 & 135 S Tennessee Ave.

Looking for any/all land use approvals/resolutions/etc. associated w/ 133 & 135 S. Tennessee 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

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

10-6

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

Requestor Information – Please Print

First Name Colleen MI D Last Name Craig
E-mail Address colleen@appraisalconcepts.net
Mailing Address 175 W White Horse Pike, 2nd Floor
City Berlin State NJ Zip 08009
Telephone 856-768-4444 FAX 856-768-0077
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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

Signature [signature] Date 9-26-17

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.

Property Record Card for commercial property located at 2701 Atlantic Avenue, Block 273, Lot 19, including any dimensions or sketches of the structure(s)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

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

10-4

Important Notice

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

Requestor Information – Please Print

First Name THOMAS MI ____ Last Name LEPERA

E-mail Address iFISH1@COMCAST.NET

Mailing Address 42 OCEAN DR. WEST

City BRIGANTINE State NJ Zip 08203

Telephone 609-457-2172 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 9-25-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OWNER OF 2975 ABSECON BLVD.

AGENCY USE 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

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 25 AM 11:23

10-4

Important Notice

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

Requestor Information – Please Print

First Name Donald MI ____ Last Name Kunkle

E-mail Address pcorcoran@cityofatlanticcity.org

Mailing Address 5760 WHP

City Egg Harbor City State NJ Zip 08

Telephone (609) 965-8740 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 Donald Kunkle Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

(c) Environmental Report that oil tank was properly removed from 2175 Metropolitan Ave.
I need for sale of property
Block 71, Lot 49 –

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 SEP 25 PM 2:08

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

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

Important Notice

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

Requestor Information – Please Print

First Name Charles MI ____ Last Name Goodman

E-mail Address charlesgoodman988@yahoo.com

Mailing Address ____

City ____ State ____ Zip ____

Telephone (609) 816-7976 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 Charles Goodman Date 9/25/17

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.

Names + Addresses of 2017 Candidates

Mayor

Council / County Sheriff

AGENCY USE 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

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 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 ____ 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 /s/ Berenato Date 9/20/2017

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.

(1) Entire file pertaining to an event that took place at The ALL WARS MEMORIAL BUILDING ON July 22, 2017. Including but not limited to any/all applications submitted to any City of Atlantic City Department, including but not limited to Special Events, Alcohol Beverage Control, The ALL WARS MEMORIAL Committee, Risk Management office.

(2) Any and All Insurance requirements, insurance policies, and/or insurance certificates associated with the event as required by the City.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name Patrick MI K. Last Name Hurley

E-mail Address Kbevacqui@gmail.com

Mailing Address 524 8TH AVE.

City Galloway State NJ Zip 08205

Telephone 732-904-7971 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 Pat Hurley IV Date 9/22/2017

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.

LAST 5 years of calls for service AT RESORTS. Boardwalk entrance (preferably) if not (Atl) From POLICE Dept.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name George MI C Last Name Tibbitt

E-mail Address georgetibbitt@yahoo.com

Mailing Address 407 N. Annapolis Avenue

City Atlantic City State NJ Zip 08401

Telephone _____ FAX _____

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

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

Signature _____ Date 9-22-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Landlord Registration Statement for 648 N. Albany Avenue, Apt. 3C
Copy of C.O. for 648 N. Albany Avenue, Apt. 3C

Copy of Landlord Registration Statement for 419 Carson Avenue
Copy of C.O. for 419 Carson Avenue

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Date

FILE COPY

CITY OF ATLANTIC CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

2017 SEP 22 PM 2:05

Important Notice

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

Requestor Information – Please Print

First Name Benjamin MI ____ Last Name Fidalgo

E-mail Address BFIDALGO@LSNJ.ORG

Mailing Address 1300 Atlantic Ave, Mezzanine Floor

City Atlantic City State NJ Zip 08401

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ✓ 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 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police reports or incident reports regarding the arrest of Rashawn Sanderlin in Aug, 2017.
Possible case numbers: 1707-0899 and 1708-0171.
Please email or fax. Thank you.

Benjamin Fidalgo, Esq.
South Jersey Legal Services

AGENCY USE 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

EISENBERG ROTHWEILER
WINKLER EISENBERG & JECK
For life's toughest trials

info@erlegal.com
PA P: 215 546 6636 F: 215 546 0118
NJ P: 856 751 6652 F: 856 489 1975

THERESA BORIO
TERRY@ERLEGAL.COM
215-546-6636

September 20, 2017

City Clerk Office
1301 Bacharach Blvd
Rm 704
Atlantic City, NJ 08401
via fax and mail
fax no 609-347-6408

Re: Open Public Records Act Request form for Tropicana Casino and Resort

Dear Sir/Madam:

Enclosed please find the above mentioned form requesting Any/all liquor license numbers for any/all establishments located at the Tropicana Casino and Resort located at 2831 Boardwalk, Atlantic City, NJ 08401 including but not limited to the liquor license associated with The Tropicana Atlantic City Corp.

Please email the information to me at terry@erlegal.com

Very truly yours,

Theresa Borio, Paralegal to
Daniel Jeck, Esquire and
Joshua B. Schwartz, Esquire

Tb
enc

FILE COPY

2017 SEP 20 PM 3:18

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 Theresa MI M Last Name Borio

E-mail Address Terry@erlegal.com

Mailing Address 1634 Spruce Street

City Philadelphia State PA Zip 19103

Telephone 215 546 6636 FAX 215 546 0118

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 Theresa Borio 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.

Any/all liquor license numbers for any/all establishments located at the Tropicana Casino and Resort located at 2831 Boardwalk, Atlantic City, NJ 08401 including but not limited to the liquor license associated with The Tropicana Atlantic City Corp.

AGENCY USE 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

FILE COPY

2017 SEP 20

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 LeeAnn MI ____ Last Name Kampf

E-mail Address leeann@leeannkampf.com

Mailing Address 42 W 15th St

City Ocean City State NJ Zip 08226

Telephone 609 736-0695 FAX ____

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

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

Signature [signature] Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Record FOR:
171 Westminster Ave
Block B51, L44

AGENCY USE 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

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 PATRICK MI W Last Name TOWBIN

E-mail Address PATRICKTOWBING GMAIL. COM

Mailing Address ~~PO~~ 1825 N. ATLANTIC AVE

City A.C. State NJ Zip 08403

Telephone (802) 793-7426 FAX _____

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

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

Signature _____ Date 21SEP17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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. C. ORDINANCE:
NO. 25 OF 1993
EXECUTIVE ORDER NO. 2 OF 1994

AGENCY USE 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 SEP 20 AM 11:46

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Important Notice

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

Requestor Information – Please Print

First Name LINDA MI ____ Last Name Steele

E-mail Address lgsteele718@comcast.net

Mailing Address ____

City ____ State ____ Zip ____

Telephone (609) 748-9717 FAX (609) 748-6166

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 Steele Date 9/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting a record of all "calls responded" (FIRE TRUCK dispatched) to, by each of the (6) fire stations in Atl. City, from Jan. 1, 2017 thru Aug. 31, 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

Atlantic City

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/25/2017

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 9/10/2017

End Date 9/23/2017

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

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 Thomas MI ____ Last Name Drozd
E-mail Address TDrozd3@comcast.net
Mailing Address 210 E Oakbourne Ave
City Galloway State NJ Zip 08205
Telephone 609-432-5410 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/I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

My daughter was involved in a vehicle accident in Atlantic City on 8/13/17 at 11:05 PM. The vehicle that hit her was a taxi from the Yellow Cab Company. The driver of the vehicle provided the police with auto insurance information that turned out to be expired. I would like to request all auto insurance information on record for the driver of the vehicle and the owner of the vehicle.
As per the police report case: 1708-0633
Driver: MD M Alam, 265 N Iowa Ave, Atlantic City, NJ, 08401
License number: A5053 53774 10881, DOB 10/01/88
Owner: Mohammad K Hossain, 112 N Avolyn, Ventnor, NJ, 08406

Vehicle info: Toyota, Sln, Color: GY, 2008, NJ Plate num OT6470, VIN 5TDZK23C785112340

AGENCY USE 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 SEP 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 Joshua MI ____ Last Name Levin

E-mail Address joshua@levinre.com

Mailing Address 1616 Pacific Ave Suite 416

City Atlantic City State NJ Zip 08401

Telephone 609-344-5200 FAX 609-344-5272

Preferred Delivery: Pick Up XX 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 Joshua T. Levin Date 9/27/16

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Let per Leg per Oth etc)

Delivery: Deli add deli

Extras: Spe dep

Zoning Construction Environmental Health

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please preferred method of delivery will only 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 pull records on the following properties and our agent will come to your office to review as to documents needed from each file:

1811 Bacharach Blvd, Atlantic City, NJ 08401 - Block 469 / Lot 1.10

38 N Texas Avenue, Atlantic City, NJ 08401 - Block 274 / Lots 16 & 17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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 SEP 29 PM 2:35

FILE COPY

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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

Requestor Information – Please Print

First Name Brittany MI A Last Name Smith
E-mail Address Brittanys@cisleaas.com
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone 973-492-0500 FAX 800-962-0544
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 Brittany Smith Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

a copy of only those pages of the Zoning Board of adjustment application for Mark Pukenas, 4301 Ventnor Ave, Block 223, Lot 13 that includes the name, address, and telephone # for the owner, applicant, engineer, architect, and attorney. Please also include the page that describes the proposed use and square footage of New construction (not site 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

2017 SEP 29 AM 11:32

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 29 AM 11:32

Important Notice

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

Requestor Information – Please Print

First Name Jerry MI ____ Last Name Baeker

E-mail Address Jerry@weichertAC.com

Mailing Address 524 Pacific Ave

City A.C. State NJ Zip 08401

Telephone 609-481-7745 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 9-29-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any violations From City, CRDA, CBD, etc...
For 26 S. North Carolina Ave.

Code

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF ATLANTIC CITY
CITY CLERK'S OFFICE
2017 SEP 27 PM 2:47

CITY OF ATLANTIC CITY
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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 EARL MI F. Last Name STAHL
E-mail Address ESTAHL.JR@GMAIL.COM
Mailing Address P.O. BOX 1262
City MEDFORD State NJ Zip 08055
Telephone 609 870 5556 FAX 609-654-8155
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 Earl F Stahl Date 9-27-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ANY OR ALL VIOLATIONS ISSUED BY CODE ENFORCEMENT RELATING TO; BLOCK 556, LOT NUMBER 1 OTHERWISE KNOWN AS 626 N CONNECTICUT AVE. PLEASE NOTE THAT I WOULD APPRECIATE VIOLATIONS / HEARING DATES INFORMATION REGARDING CONDITION OF FAILING BULKHEAD / DOCK.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

CITY CLERK'S OFFICE
2017 SEP -5 AM 7:35

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 Ashley MI T Last Name Atwell

E-mail Address 3565 NW 58th Street #400

Mailing Address Email: Aatwell@zoning-info.com

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998-132 FAX 405-528-4878

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 Ashley J Atwell Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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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.

RE: Caesars Atlantic City-1811, 1901, 1935 Boardwalk & 1920 Hummock Avenue

Copy of open/outstanding zoning, building and fire code violations
Copy of the Certificate of Occupancy to cover the entire casino
Copy of current or up and coming road projects that will require additional right of way from this property
Copy of approved site plan
Copy of approved variances, special exceptions, conditional/special use permits, zoning cases, ordinances and resolutions related to the property

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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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 ____ ____

Paula Geletei

From: Paula Geletei
Sent: Friday, September 29, 2017 3:38 PM
To: 'Ashley Atwell'
Cc: Karl Timbers; Monica Webb
Subject: RE: opra
Attachments: Fire DEpt response.pdf

FILE COPY

Attached is the response provided by the Fire Department
The list of outlets at the bottom of the page are due for re-inspection in the month of October.

From: Ashley Atwell [mailto:aatwell@zoning-info.com]
Sent: Friday, September 29, 2017 10:48 AM
To: Paula Geletei
Cc: Monica Webb
Subject: RE: opra
Importance: High

I have received the fire code violation for the one OPRA request for Caesars Atlantic City.

I am needing the response for the OPRA request for Fire Code Violations for Bally's Atlantic City addresses 1900 Boardwalk (AKA 1811 & 1901 Boardwalk; 1900 & 2000 Pacific Avenue and 1920 Hummock Avenue). We need the response today.

Ashley Atwell
Research Analyst
ZONING-INFO

Office (405) 525-2998 x 132
Fax (405) 528-4878
3555 NW 58th Street, Suite 400
Oklahoma City, OK 73112
www.zoning-info.com

From: Paula Geletei [mailto:pgeletei@cityofatlanticcity.org]
Sent: Friday, September 29, 2017 8:18 AM
To: aatwell@zoning-info.com
Cc: Monica Webb <mwebb@cityofatlanticcity.org>
Subject: opra

Good Morning Ms. Atwell,
The Fire Dept just provided the attached response to your opra request.

FILE COPY

2017 SEP 19 P 12:07

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 DOUGLAS MI ____ Last Name BROWN

E-mail Address CRABDAD 1 @ HOTMAIL . COM

Mailing Address 1220 East shore DR

City Brigantine State NJ Zip 08203

Telephone ____ FAX ____

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

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

Signature [signature] Date 9-19-17

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.

List of all outstanding unpaid Terminal Leave Balances To include Sick time, Vacation, comp time

List of all Terminal leave Payments Paid from 1/1/16 until 9/19/17 to include sick tim, Vacation and comp time.

AGENCY USE 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

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 Erin MI N Last Name Serpico

E-mail Address eserpico@pressofac.com

Mailing Address 1000 W Washington Ave

City Pleasantville State NJ Zip 08232

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

Preferred Delivery: Pick Up ____ 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 9-19-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

All inspection reports for the Bayview Inn & Suites in Atlantic City from 2010 to present.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
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Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____