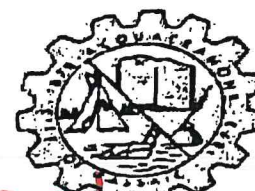




CITY OF PASSAIC OPEN PUBLIC RECORDS ACT REQUEST FORM

330 Passaic Street
Passaic, NJ 07055
(973) 365-5584 Fax Number (973) 365-0115
OPRA@cityofpassaicnj.gov
Amada D. Curling, RMC, CMR
City Clerk



Important Notice

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

Requestor Information - Please Print

First Name Frank MI MI Last Name Toia
E-mail Address Franktoia1@gmail.com
Mailing Address 100 Shepherds Lane, APT 405
City Totowa State NJ Zip 07512
Telephone 862-324-1877 FAX _____
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature [Signature] Date 10/18/22

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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- A list of property addresses that, as of today, have delinquent property taxes and open property liens. This list needs to include amounts of balances owed.
- 2- A list of property addresses that have received any code violations since the beginning of the year. Please provide the type of violation.
- 3- A list of all residential property addresses that are currently vacant or abandoned.

AGENCY USE ONLY

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

AGENCY USE 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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

RECEIVED

Custodian Signature

Date