



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

First Name John MI _____ Last Name Kral

E-mail Address opra+request-92695-46d18bb1@requests.opramachine.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

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

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ HAVE / ☒ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;

2. I, or another person, ☐ WILL / ☒ WILL NOT use the requested government records for a commercial purpose;

3. I ☐ AM / ☒ AM NOT seeking records in connection with a legal proceeding.

Signature _____ Date 06/25/2026

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.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

All physical locations, either on a map or as GPS coordinates, of static Automated License Plate Recognition cameras, such as those sold by Flock Safety, Motorola, and Genetec, that are accessed or operated by Middletown Township or the Middletown Township Police Department.

NO RECORD

AGENCY USE ONLY

ESTIMATE ONLY

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

Disposition Notes

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

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

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	6/25/26	Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	
Records Provided			
			
Custodian Signature		Date	