Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 7/24/2017

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 7/16/2017

End Date 7/22/2017

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	8-1-17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 7-23-17

Ready Date 8-1-17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS FOR TIME FRAME REQUESTED.

Lt. Mark Tremmel 8-1-17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 7/24/2017

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 7/16/2017

End Date 7/22/2017

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 8/1/17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date 8/1/17

Ready Date 8/1/17

Total Pages 6

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

2017-035458

2017-035228

2017-035891

Lt. Mark Sramyk 8/1/17

Custodian Signature / Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature [signature] Date 7/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Accident Reports
from 7/24/17 Through 7/30/17

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 8/7/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 8/1/17
Ready Date 8/7/17
Total Pages 9

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-037137, 2017-037121,
2017-036852, 2017-036469

Lt. Mark Niemynski 8/7/17
Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 7/31/2017

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 7/23/2017

End Date 7/29/2017

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	8/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8/1/17

Ready Date 8/7/17

Total Pages 11

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-037137, 2017-037121
2017-036852, 2017-036469,
2017-036274

Lt. Mark Niemynski 8/7/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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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 8/7/2017

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 7/30/2017

End Date 8/5/2017

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	8/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8/7/17

Ready Date 8/7/17

Total Pages 3

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-038319

Lt. Mark Niemynski 8/7/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5220

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

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

Signature _____ Date 8/7/17

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.

OPRA Accident Reports
from 7/31/17 Through 8/6/17

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 8/15/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/8/17
Ready Date 8/15/17
Total Pages 13

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

2017-038170, 2017-037997, 2017-037924, 2017-037793, 2017-038559, 2017-038334

Lt. Mark Niemynski 8/15/17
Custodian Signature / Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

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 8/7/2017

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 7/30/2017

End Date 8/5/2017

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	8/15/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 8/8/17

Ready Date 8/15/17

Total Pages 13

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-038170, 2017-037997, 2017-037924, 2017-037793, 2017-038559, 2017-038334

Lt. Mark Niemyski 8/15/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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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

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Signature _____ Date 8/14/2017

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 8/6/2017

End Date 8/12/2017

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	8/17/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 8/15/17

Ready Date 8/17/17

Total Pages 1

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED

Lt. Mark Niemyski 8/17/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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Signature _____ Date 8/14/17

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.

OPRA Accident Reports
from 8/7/17 Through 8/13/17

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 _____
(Filed) - Closed 8/17/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 8/15/17
Ready Date 8/17/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

2017-039163
2017-038835
2017-038834
2017-039642

Lt. Mark Niemynski 8/17/17
Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 8/14/2017

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 8/6/2017

End Date 8/12/2017

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	8/17/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 8/15/17

Ready Date 8/17/17

Total Pages 9

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-039163

2017-038835

2017-038834

2017-039642

St. Mark Siemynski 8/17/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

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Requestor Information – Please Print

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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

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Signature _____ Date 8/21/2017

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 8/13/2017

End Date 8/19/2017

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 8/22/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8/22/17

Ready Date 8/22/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED.

L. Mark Niemynski 8/22/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

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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 8/21/2017

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 8/13/2017

End Date 8/19/2017

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 8/28/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8/22/17

Ready Date 8/28/17

Total Pages 13

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-040892 2017-040917

2017-040791 2017-040391

2017-040359

2017-041066

Lt. Mark Siemynski 8/28/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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

Signature [signature] Date 8/21/17

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.

OPRA Accident Reports
from 8/14/17 Through 8/20/17

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 8/28/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 8/22/17
Ready Date 8/28/17
Total Pages 13

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-040892, 2017-040917
2017-040791, 2017-040391
2017-040359, 2017-041066

Lt. Mark Niemynski 8/28/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 8/28/2017

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 8/20/2017

End Date 8/26/2017

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	8/28/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 8/28/17

Ready Date 8/28/17

Total Pages 1

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED.

Lt. Mark Niemynski 8/28/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 8/28/2017

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 8/20/2017

End Date 8/26/2017

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	8/31/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 8/29/17

Ready Date 8/31/17

Total Pages 13

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

2017-041441 2017-042176

2017-041536 2017-041899

2017-041771

2017-042504

Lt Mark Tremmel 8/31/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature _____ Date 8/28/17

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.

OPRA Accident Reports
from 8/21/17 Through 8/27/17

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 _____
Filed - Closed 8/31/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 8/29/17
Ready Date 8/31/17
Total Pages 13

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

2017-041441, 2017-042176
2017-041536, 2017-041899
2017-041771, 2017-042504

Lt. Mark Niemynski 8/31/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 9/4/2017

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 9/2/2017

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 9/6/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/6/17

Ready Date 9/6/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS FOR TIME FRAME REQUESTED.

Lt. Mark Tremmel 9/6/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 9/4/2017

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 9/2/2017

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 9/11/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/5/17

Ready Date 9/11/17

Total Pages 14

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Lt. Mark Liemyoski 9/11/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature [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.

OPRA Accident Reports
from 8/28/17 Through 9/4/17

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 ____
(Filed) - Closed 9/11/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/5/17
Ready Date 9/11/17
Total Pages 14

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-043158 2017-042743
2017-043739 2017-042504
2017-043315 2017-043438

A. Mark Niemynski 9/11/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 9/11/2017

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 9/3/2017

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	9/11/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/11/17

Ready Date 9/11/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO REPORTS FOR TIME FRAME REQUESTED.

Lt. Mark Niemyski 9/11/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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

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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 9/3/2017

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	9/19/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/12/17

Ready Date 9/19/17

Total Pages 13

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-044689
2017-044894
2017-044405
2017-044254
2017-045071
2017-045066

Custodian Signature _____ Date 9/19/17

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature _____ Date 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.

OPRA Accident Reports

from 9/4/17 Through 9/10/17

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 ____
Filed - Closed 9/19/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/12/17
Ready Date 9/19/17
Total Pages 13

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-044689 2017-045071
2017-044894 2017-045066
2017-044405
2017-044254

Lt. Mark Niemynski 9/19/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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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 9/18/2017

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 9/16/2017

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 9/20/17

Ready Date _____

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS FOR TIME FRAME REQUESTED

Lt. Mark Niemyski 9/20/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 9/18/2017

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 9/16/2017

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	9/22/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/19/17

Ready Date 9/22/17

Total Pages 15

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-044240 2017-045904

2017-046206 2017-046080

2017-045952 2017-046068

2017-045912

Lt. Mark Niemyski 9/22/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky(2)Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature _____ Date 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.

OPRA Accident Reports

from 9/11/17 Through 9/17/17

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 9/22/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/18/17
Ready Date 9/22/17
Total Pages 15

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-044240 2017-045904
2017-046206 2017-046080
2017-045952 2017-046068
2017-045912

Lt. Mark Niemynski 9/22/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 9/17/2017

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 9/26/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9/26/17

Ready Date 9/26/17

Total Pages 3

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-046767

Lt. Mark Sramyk 9/26/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 Peter De Frank MI ____ Last Name ____

E-mail Address dvillegas@massoodlaw.com

Mailing Address 50 Packanack Lake Rd.

City Wayne State NJ Zip 07470

Telephone 973-696-1900 FAX 973-696-4211

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 9/27/17

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.

Police report for accident 9/14/17 or 9/15/17
My client / pedestrian – Greg Kooz
date of birth: 4/28/95

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 9/27/17
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/27/17
Ready Date 9/27/17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

CURRENTLY THIS RECORD IS EXEMPT UNDER NJSA 47:1A-1.1, CRIMINAL ACTIVE INVESTIGATION

Lt. Mark Niemynski 9/27/17
Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature [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.

OPRA Accident Reports
from 9/18/17 Through 9/24/17

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 ____
Filed - Closed 9/29/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/26/17
Ready Date 9/29/17
Total Pages 13

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-046691
2017-047396
2017-047317
2017-046767
2017-046743
2017-046694

Lt. Mark Niemynski 9/29/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

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 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 9/30/2017

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	10/3/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/3/17

Ready Date 10/3/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED

Lt. Mark Niemyski 10/3/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

(Filled) - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/9/17

Ready Date _____

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS FOR TIME FRAME REQUESTED.

Lt. Mark Trempati 10/9/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature [signature] Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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.

OPRA Accident Reports
From 9/25/17 Through 10/1/17

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 10/10/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10/3/17
Ready Date 10/10/17
Total Pages 11

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-048835
2017-049040
2017-048955
2017-048842

Lt. Mark Niemynski 10/10/17
Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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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 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 9/30/2017

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 10/10/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/3/17

Ready Date 10/10/17

Total Pages 11

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-048835

2017-049040

2017-048955

2017-048842

Lt. Mark Niemyski 10/10/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

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	10/17/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 10/17/17

Ready Date 10/17/17

Total Pages 3

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

2017-050767

Lt. Mark Tremont

Custodian Signature

10/17/17

Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed

(Filled) - Closed 10/17/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/10/17

Ready Date 10/17/17

Total Pages 22

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-050409, 2017-050376
2017-050105, 2017-049834
2017-049819, 2017-049549
2017-049465, 2017-049387
2017-048628

Custodian Signature Lt. Mark Tremmel

Date 10/17/17

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5270

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

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

Signature _____ Date 10/9/17

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.

OPRA Accident Reports

from 10/2/17 Through 10/8/17

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 10/17/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 10/10/17
Ready Date 10/17/17
Total Pages 22

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

2017-050409, 2017-050376,
2017-050105, 2017-049834,
2017-049819, 2017-049549
2017-049465, 2017-049387
2017-048628

Custodian Signature Date

Lt. Mark Niemynski 10/17/17

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/15/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

(Filled) - Closed 10/23/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/23/17

Ready Date 10/23/17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED

Custodian Signature 10/23/17 Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5210

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

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

Signature _____ Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Accident Reports
from 10/9/17 Through 10/10/17

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 10/23/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 10/17/17
Ready Date 10/23/17
Total Pages 2

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

051231, 051176, 050986, 050955, 050839, 050777, 050767, 050491, 050409, 050376

Lt. Mark Niemynski 10/23/17
Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

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	10/23/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 10/17/17

Ready Date 10/23/17

Total Pages 21

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

051231, 051176, 050986, 050955, 050839, 050777, 050767, 050491, 050409, 050376

Lt. Mark Nemyo 10/23/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/15/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed 11/1/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/24/17

Ready Date 11/1/17

Total Pages 16

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-052076 2017-052535

2017-051822 2017-052434

2017-051730

2017-052289

2017-051826

Custodian Signature 11/1/17 Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature [signature] Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Accident Reports

From 10/16/17 Through 10/22/17

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 ____
Filed - Closed 11/1/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10/24/17
Ready Date 11/1/17
Total Pages 16

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-052076, 2017-052535
2017-051822, 2017-052434
2017-051730
2017-052289

Lt. Mark Niemynski 11/1/17
Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

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	10/31/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 10/31/17

Ready Date 10/31/17

Total Pages 1

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED.

St. Mark Niemynski 10/31/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

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 11/6/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10/31/17

Ready Date 11/6/17

Total Pages 17

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-054105, 2017-053616, 2017-053430, 2017-053280, 2017-053072, 2017-052750 2017-052915

Lt Mark Niemyski 11/6/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature [signature] Date 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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.

OPRA Accident Reports
from 10/23/17 Through 10/29/17

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 11/6/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10/31/17
Ready Date 11/6/17
Total Pages 17

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2017-054105, 2017-053616, 2017-053430, 2017-053280, 2017-053072, 2017-052750 2017-052915 2017-053390

Lt. Mark Niemynski 11/6/17
Custodian Signature Date

TOWNSHIP OF WASHINGTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Long Valley, New Jersey 07853
Telephone: (908) 876-3315
Fax: (908) 876-5138
Nina DiGregorio, Municipal 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 GARY MI T Last Name Steele

E-mail Address 9TSLAWNJ@GMAIL.COM

Mailing Address 170 Changebridge Rd D-2

City Montville State NJ Zip 07045

Telephone 973-575-0505 FAX 973-808-1669

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

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

Signature [signature] Date 11/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Other costs for police records:copies of reports when request is not part of discovery request and is not made in person - $5 (plus cost of copies); copies of police reports when request is part of discovery request and is not made in person – cost of postage, $.25 per envelope (plus cost of copies); incident verification letter - $5; duplicate photographs – actual cost of duplicating.

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

A copy of The Complaint # 2017-50865 plus a copy of The Cover-letter and file forwarded to The Morris County Prosecutor's office Regarding this Complaint. If no file has been sent To the prosecutor, why not?

Acknowledgement of Receipt [signature] 11/6/17 LT. MARK NIEMYNSKI
Signature Date Print Name

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 11/6/17
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 11/3/17
Ready Date 11/6/17
Total Pages 1

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

REQUEST DENIED AS THIS CASE IS AN ACTIVE INTERNAL AFFAIRS INVESTIGATION. OPRA DENIAL N.J.S.A 47:1A-10 ATTORNEY GENERAL GUIDELINES EXEMPTS REPORTS FROM PUBLIC

Custodian Signature [signature] Date 11/6/17

FORWARD EMAIL TO KATHY F.

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road

Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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

Requestor Information – Please Print

First Name JAN MI ____ Last Name JAQUES

E-mail Address jgpaj@yahoo.com

Mailing Address 16 apple lane

City clifton, State NJ Zip 07830

Telephone 973.376.2004 (cell) 908.975 3280 home 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 NOV. 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.

PROPERTY: 284 WEST MILL ROAD, LONG VALLEY B. 33, L 71.02
ZONING - BUILDING PERMIT (STRUCTURE) - BARN, #APPARTMENT
- TENANCY PERMIT (CERTIFICATION) - APPARTMENT (2) AND BARN - IF any
- IS IT ZONED FOR USE - RECREATION (RIDING, BOARDING, SHOWS)
- CONSTRUCTION - COPIES OF DECOMISSIONED TANKS + INSTALLED (ABOVE + UNDERGROUND)
- TAX DOCUMENT: COPY OF EXPIRING FARMLAND ASSESMENT
- ~~SURVEY~~ HEALTH: INSPECTIONS / VIOLATIONS / POLICE RECORDS - ACCIDENTS, OR INCIDENTS

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

Building
Zoning
Tax Assess.
Police

Custodian Signature ____ Date ____

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/10/2017

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 07/30/2017

End Date 08/05/2017

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 11/13/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11/13/17

Ready Date 11/13/17

Total Pages 13

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

2017-038319

Lt. Mark Tramontin 11/13/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/13/2017

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 11/5/2017

End Date 11/11/2017

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 11/13/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11/13/17

Ready Date 11/13/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED.

St. Mark Niemyski 11/13/17

Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/29/2017

End Date 11/4/2017

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 11/13/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11/7/17

Ready Date 11/13/17

Total Pages 22

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

055339, 054751, 054106
055270, 054377, 055337
054831, 054105
054761, 055459

Lt. Mark Niemynski 11/13/17

Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

Important Notice

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature _____ Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Accident Reports

from 10/29/17 Through 11/5/17

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 11/13/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 11/7/17
Ready Date 11/13/17
Total Pages 22

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

055339, 054751, 054106
055270, 054377, 055337,
054831, 054105, 054761,
055459

Lt. Mark Niemynski 11/13/17
Custodian Signature Date

WASHINGTON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Municipal Requests: Nina DiGregorio, Municipal Clerk
Phone Number (908) 876-3315 & Fax Number (908) 876-5138
opra@wtmorris.net

Police Requests: Lt. Mark Niemynski, Deputy Custodian of Records
Phone Number: (908) 876-3232 & Fax Number (908)876-5655
mniemynski@wtpdmorris.org

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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5200

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

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

Signature [signature] Date 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Accident Reports

from 11/6/17 Through 11/12/17

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 11/20/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 11/17/17
Ready Date 11/20/17
Total Pages 14

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

056276, 056599, 056449, 056197, 056650, 055852

Lt. Mark Niemynski 11/20/17
Custodian Signature Date

Washington Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-876-3315 Fax: 9088765138

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/13/2017

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 11/5/2017

End Date 11/11/2017

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 _____

(Filed) - Closed 11/20/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11/14/17

Ready Date 11/20/17

Total Pages 14

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

056276, 056599, 056449, 056197, 056650, 055852

Lt. Mark Sivongxai 11/20/17

Custodian Signature Date

Califon Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 908-832-7850 Fax: 9088326085

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/20/2017

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 11/12/2017

End Date 11/18/2017

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 11/20/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11/20/17

Ready Date 11/20/17

Total Pages 1

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NO ACCIDENT REPORTS DURING TIME FRAME REQUESTED.

Lt. Mark Niemyski 11/20/17

Custodian Signature Date