COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name Jose' MI F. Last Name Alcala'

E-mail Address josealcala1022@gmail.com

Mailing Address 1 Ponderosa Drive

City Colts Neck State NJ Zip 07722

Telephone 909-908-4705 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 Jose' Alcala' 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.

17CN06849

**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 $.15
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Rae Behrens 9/5/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

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**Important Notice**

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**Requestor Information – Please Print**

First Name Hank MI _____ Last Name Dougherty

E-mail Address _____

Mailing Address 108 Woody Road

City Freehold State NJ Zip 07728

Telephone 732-567-1168 FAX _____

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

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

Signature _____ Date 9/5/17

**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.

17CN06150

**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 $15.00

**Records Provided**

Rae Behrens
Custodian Signature

9/5/17
Date

*COLTS NECK TOWNSHIP POLICE DEPARTMENT*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*124 Cedar Drive, Colts Neck NJ 07722*
*(732) 780-7323 & (732) 780-0226*
*cnpd@coltsneckpolice.com*
*Rae Behrens, Custodian of Police Records*

**Important Notice**

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**Requestor Information – Please Print**

First Name Lexis Nexis MI _____ Last Name _____

E-mail Address _____

Mailing Address Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9/5/17

**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.

17CN06742
17CN02518

**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 $10.00

**Records Provided**

Rae Behrens
Custodian Signature

9/5/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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## Requestor Information – Please Print

First Name Metro Reporting MI _____ Last Name _____

E-mail Address _____

Mailing Address Box 926

City Philadelphia State PA Zip 19105

Telephone _____ FAX _____

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

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

Signature _____ Date 9/5/17

## 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.

17CN06151
17CN06713

### 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 $10.00

Records Provided

Rae Behrens
Custodian Signature

9/5/17
Date

*COLTS NECK TOWNSHIP POLICE DEPARTMENT*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*124 Cedar Drive, Colts Neck NJ 07722*
*(732) 780-7323 & (732) 780-0226*
*cnpd@coltsneckpolice.com*
*Rae Behrens, Custodian of Police Records*

**Important Notice**

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**Requestor Information – Please Print**

First Name Metropolitan Reporting MI Bureau Last Name

E-mail Address

Mailing Address William Penn Annex PO Box 926

City Philadelphia State PA Zip 19105-0926

Telephone FAX

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

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

Signature Date 9-5-17

**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.

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17CN06849

**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 $ 5.06
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

CK # 1111988706

Rae Behrens
Custodian Signature

9/6/17
Date

*COLTS NECK TOWNSHIP POLICE DEPARTMENT*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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*(732) 780-7323 & (732) 780-0226*
*cnpd@coltsneckpolice.com*
*Rae Behrens, Custodian of Police Records*

**Important Notice**

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**Requestor Information – Please Print**

First Name Chris ~~DeFelice~~ MI Neil Last Name DeFelice

E-mail Address 1149 West front Street

Mailing Address

City Lincroft State New Jersey Zip 07738

Telephone 908 770 8343 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail cdefelice8@gmail.com

**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 Chris DeFelice 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.

17CN0615

**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 1.54
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Rae Behrens 9/6/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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## Requestor Information – Please Print

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9-6-17

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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17CN06481
17CN06776
17CN06772

### AGENCY USE ONLY

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

Deposit Date _____

### AGENCY USE ONLY

**Disposition Notes**
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In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

### AGENCY USE ONLY

**Tracking Information**

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

**Final Cost**

Total $ 15.00/xx
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

C/K # 666053681
C/K # 665697151
C/K # 665780362

Rae Behrens
Custodian Signature

9/22/17
Date

Colts Neck Township

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

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 9/6/2017

**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 8/29/2017

End Date 9/4/2017

**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 _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

**Final Cost**

Total 85¢

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

Custodian Signature

9/13/17

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature _____ Date 9-6-17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all motor vehicle accident reports

from 8-30-17 to 9-5-17

**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 ____
Partial - Closed ____

**AGENCY USE ONLY**

Tracking Information

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

Final Cost

Total $ 6.15
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens 9/11/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Dana MI M Last Name Girlinzone

E-mail Address danaciri@verizon.net

Mailing Address 18 5th Ave

City Aurora Twp State NJ Zip 08831

Telephone 917 842-9504 FAX _____

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

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

Signature _____ Date 9/8/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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**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 # 17ono687y
Rec'd Date 8/31/17
Ready Date 9/8/17
Total Pages 13

**Final Cost**

Total .15
Deposit _____
Balance Due _____
Balance Paid .15

Records Provided

Rae Behrens 9/8/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

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**Requestor Information – Please Print**

First Name Lexis Nexis MI _____ Last Name _____

E-mail Address _____

Mailing Address Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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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.

17CN06594

**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 $5.00

**Records Provided**

Custodian Signature _____ Date 9/11/17

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9-11-17

**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.

17CN06756

**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 5.00x

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

CK# 666064052

Rae Behrens
Custodian Signature

9/11/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name Metropolitan Reporting MI Last Name Bureau

E-mail Address

Mailing Address PO Box 926 William Penn Annex

City Philadelphia State PA Zip 19105-0926

Telephone FAX

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

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

Signature ____ Date 9-11-17

**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.

17CN06969
17CN06987

**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 10.00
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

CAD# 111199290
111199657

Rae Behrens
Custodian Signature

9/11/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name LEXIS NEXIS MI ____ Last Name ____

E-mail Address ____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone ____ FAX ____

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

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

Signature ____ Date 9-11-17

**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.

17CN06717

**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 3.00

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

CK# 66682556

Rae Behrens
Custodian Signature

9/11/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Michael MI ____ Last Name Grizzaffi

E-mail Address docgriz@aol.com

Mailing Address 4 Victorian Way

City Colts Neck State NJ Zip 07722

Telephone 732-740-3841 FAX 732-613-4325

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 Michael Grizzaffi Date 9/12/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06902

**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**

Rae Behrens
Custodian Signature

9/12/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name Alejandro MI R Last Name Alavez

E-mail Address AlejandroA728@gmail.com

Mailing Address 130 Witmer Pl

City long branch State NJ Zip 07740

Telephone 9084338925 FAX _____

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

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

Signature _____ Date 09-12-17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06894

**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 $0.15
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Rae Behrens
Custodian Signature

9/12/17
Date

Colts Neck Township

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

124 Cedar Grove Colts Neck NJ 07722

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 9/13/2017

**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 9/5/2017

End Date 9/11/2017

**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 _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

**Final Cost**

Total 80¢

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

Custodian Signature

9/20/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name ALVARO MI M Last Name RIVERA

E-mail Address SALCINA_CONSTRUCTION@YAHOO.COM

Mailing Address 4512 DUNGAN RD

City PHILADELPHIA State PA Zip 19115

Telephone 215 479-3584 FAX

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

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

Signature _____ Date 9/13/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06721

**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 15¢
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens 9/13/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name LexisNexis MI _____ Last Name _____

E-mail Address _____

Mailing Address Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9/13/17

**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.

17CN06046
17CN06976

**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 $10.00

**Records Provided**

Rae Behrens
Custodian Signature

9/13/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name RAYMOND MI J Last Name MURDOCK

E-mail Address RMURDOCK@LairdandCompany.com

Mailing Address 101 Campbell Blvd Apt 15303

City Manahawkin State NJ Zip 08050

Telephone 609-709-0319 FAX _____

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

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

Signature _____ Date 9/14/17

**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.

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**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 # 17CN0663 2
Rec'd Date 8/23/17
Ready Date 9/14/17
Total Pages 5

**Final Cost**

Total .25
Deposit _____
Balance Due _____
Balance Paid 25

**Records Provided**

Custodian Signature _____ Date 9/14/17

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name Nicholas MI A Last Name Vitucci

E-mail Address Nvitucci1@yahoo.com

Mailing Address 5 Mallet Hill

City Colts Neck State NJ Zip 07722

Telephone 917-748-0292 FAX _____

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

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

Signature [signature] Date 9/15/17

**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.

17CN01154

**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 2/22/17
Ready Date 9/15/17
Total Pages 10

**Final Cost**

Total .50
Deposit _____
Balance Due _____
Balance Paid .50

**Records Provided**

[signature] Custodian Signature 9/15/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Shari MI L Last Name Baerenbach

E-mail Address renotwiggy@yahoo.com

Mailing Address 146 Cedar Drive

City Colts neck State NJ Zip 07722

Telephone 732-690-7637 FAX _____

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

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

Signature _____ Date 9/18/17

**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.

17CN06894

**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 15.4
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Rae Behrens 9/18/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box

City _____ State _____ Zip _____

Telephone Southeastern FAX PA

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

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

Signature _____ Date 9/18/17

**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.

17CN07045
17CN07039

**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 $10.00
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

CK# 66795 0622
CK# 66892161

Rae Behrens
Custodian Signature

9/18/17
Date

Colts Neck Township

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

124 Cedar Grove Colts Neck NJ 07722

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 9/20/2017

**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 9/12/2017

End Date 9/18/2017

**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 _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

**Final Cost**

Total $10.20

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

Rae Behrens
Custodian Signature

10/18/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature _____ Date 9.20.17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all motor vehicle accident reports

from 9.13.17 to 9.19.17

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total $1.35
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens
Custodian Signature

10/18/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name WILLIAM MI L Last Name SALMON

E-mail Address Wlsalmon6@gmail.com

Mailing Address 7 OAK GLEN LN

City COLTS NECK State NJ Zip 07722

Telephone 732-462-5640 FAX _____

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

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

Signature _____ Date 9/22/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

**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 # 17CN07233
Rec'd Date 9/12/17
Ready Date 9/22/17
Total Pages 2

**Final Cost**

Total .15
Deposit _____
Balance Due .15
Balance Paid .15

Records Provided

Rae Behrens 9/22/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9-25-17

**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.

17CN07297

**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 5.00/KY
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

CK# 6689184 32

Rae Behrens 9/25/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Joseph MI T Last Name Calabria

E-mail Address joec@garrutolaw.com

Mailing Address 609 Franklin Avenue

City Nutley State NJ Zip 07110

Telephone 973-661-4455 FAX 973-661-2555

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

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

Signature [signature] Date 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.

See attached correspondence

**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.

see attached letter + copies

In Progress - Open ____
Denied - Closed ____
Filed - Closed 9/29/17
Partial - Closed ____

**AGENCY USE ONLY**

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 9

Final Cost
Total 45¢
Deposit ____
Balance Due ____
Balance Paid 45¢

Records Provided

17CNO4421

[signature] Custodian Signature 5/29/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Timothy MI E Last Name Faistl

E-mail Address

Mailing Address 24 Hancock Pass

City Colts Neck State NJ Zip 07722

Telephone (908) 601-1749 FAX

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

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

Signature _____ Date 9/25/17

**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.

17CN07398

**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** 10¢

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Rae Behrens 9/26/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Russos MI ____ Last Name Abadiotakis

E-mail Address ____

Mailing Address 867 Rt 34

City Colts Neck State NJ Zip 07722

Telephone ____ FAX ____

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

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

Signature Russos Abadiotakis Date 9/26/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Damage
867 Rt 34

**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 3

**Final Cost**

Total N/C
Deposit ____
Balance Due ____
Balance Paid N/C

**Records Provided**

17CN07330 MVA

Rae Behrens
Custodian Signature

09/26/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Lewis Nevis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 9-26-17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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17CN06874
17CN07330
17CN07387

**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 15.00/xx
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

CK# 669326111
CK# 66956 4991
CK# 669638281

Rae Behrens
Custodian Signature

9/26/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name William MI E Last Name RONCA

E-mail Address Bill.RONCA@gmail.com

Mailing Address 7 FULLING MILL LN

City COLTS NECK State NJ Zip 07722

Telephone 305-205-6606 FAX

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

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

Signature _____ Date 9/26/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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**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 6

**Final Cost**

Total 30¢
Deposit _____
Balance Due _____
Balance Paid 30¢

**Records Provided**

17CN07522

R Behrens
Custodian Signature

9/26/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Linda MI ____ Last Name Dickinson-Pancela

E-mail Address lindad16@optonline.net

Mailing Address 53 Route 537

City Colts Neck State NJ Zip 07722

Telephone 908-670-8104 FAX ____

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

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

Signature Linda Dickinson Pancela Date 9-27-2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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**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 # 17CN0757
Rec'd Date 9/21/17
Ready Date 9/27/17
Total Pages 3

**Final Cost**

Total .15
Deposit ____
Balance Due ____
Balance Paid .15

**Records Provided**

Rae Behrens 9/27/17
Custodian Signature Date

Colts Neck Township

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

124 Cedar Grove Colts Neck NJ 07722

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 9/27/2017

**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 9/19/2017

End Date 9/25/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

**Final Cost**

Total $2.40

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

Custodian Signature

10/18/17

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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**Requestor Information – Please Print**

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115 ✓

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

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

Signature _____ Date 9-27-17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all motor vehicle accident reports

from 9-20-17 to 9-26-17

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

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

Final Cost
Total 60¢
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens
Custodian Signature

10/18/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

# OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

**Important Notice**

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

**Requestor Information – Please Print**

First Name William MI E Last Name RONCA

E-mail Address Bill.RONCA@gmail.com

Mailing Address 7 FULLING Mill Ln

City COLTS NECK State NJ Zip 07722

Telephone 305.205.6606 FAX

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

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

Signature [signature] Date 9/29/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

**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 # 17CN072/6
Rec'd Date 9/12/17
Ready Date 9/29/17
Total Pages 3

**Final Cost**

Total .15
Deposit ____
Balance Due ____
Balance Paid .15

**Records Provided**

Rae Behrens
Custodian Signature

9/29/17
Date