



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 Christine MI B Last Name Harney
E-mail Address Sampson116@comcast.net
Mailing Address 14 W. Campbell Ave
City WLB State NJ Zip 07764
Telephone 732-539-2759 FAX 732-531-0010
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 CH Harney Date 11/20/17

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.

17CX108015

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 154
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens
Custodian Signature

11/20/17
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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Important Notice

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Requestor Information – Please Print

First Name	<u>LEXIS NEXIS</u>	MI		Last Name	
E-mail Address					
Mailing Address	<u>PO Box 7000</u>				
City	<u>Southeastern</u>	State	<u>PA</u>	Zip	<u>19398</u>
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature			Date	<u>11/20/17</u>	

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.

17CN09157
17CN09072 (OCCHIPINTI)
17CN09072 (RECK)

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filled	- Closed
Partial	- Closed

Tracking Information		Final Cost
Tracking #	_____	Total <u>\$15.00</u>
Rec'd Date	_____	Deposit <u>SP</u>
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
CK# 680061172		
CK# 679690171		
CK# 67975741		
Rae Behrens		11/20/17
Custodian Signature		Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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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 11/20/17

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.

17CN09041
17CN08924
17CN08177
17CN09048

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 \$20.00

Records Provided

Rae Behrens
Custodian Signature

11/20/17
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

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Important Notice

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Requestor Information – Please Print

First Name Sarah MI C Last Name DiSalvatore
E-mail Address Cappells@msn.com
Mailing Address 2 Red Hawk Rd S.
City Colts Neck State NJ Zip 07722
Telephone 917-207-2028 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 DiSalvatore Date 11/15/17

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.

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11/10 17CN09099
11/11 17CN09117
11/12 17CN09142

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	<u>\$0.75</u>

Records Provided

Rae Behrens 11/15/17
Custodian Signature Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT

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Important Notice

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Requestor Information – Please Print

First Name	<u>Eileen</u>	MI		Last Name	<u>Kolody</u>
E-mail Address	<u>mamako3635@yahoo.com</u>				
Mailing Address	<u>73 Laurelhurst Drive</u>				
City	<u>Cliffwood Beach</u>	State	<u>NJ</u>	Zip	<u>07735</u>
Telephone	<u>(732) 610-7239</u>		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 Eileen Kolody Date 11/14/17

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.

17CN08783

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information		Final Cost
Tracking #	_____	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid

Records Provided

Rae Behrens
Custodian Signature

11/14/17
Date



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Important Notice

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Requestor Information - Please Print

First Name DIEXSI MI 0 Last Name GRISOLIA
E-mail Address DIEXSI@HOTMAIL.COM
Mailing Address 2 SCOREYVILLE DR
City COLTS NECK State NJ Zip 07722
Telephone 908-216-6087 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 11/14/17

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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LOST MY CITIZENSHIP CERTIFICATE

17CN09015

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

[Signature]
Custodian Signature

11/13/17
Date



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Requestor Information – Please Print

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southwestern 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 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.

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17CN08783

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		Final Cost	
Tracking #	_____	Total	<u>500</u>
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
C/K# 678830371			
Rae Behrens		11/13/17	
Custodian Signature		Date	



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Important Notice

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Requestor Information – Please Print

First Name JCP & L MI _____ Last Name _____

E-mail Address _____

Mailing Address 101 Crawford's Corner Rd Bldg 1 Suite 1-511

City Holmdel State NJ Zip 07733

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 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.

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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK # 2779200

Rae Behrens
Custodian Signature

11/13/17
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 L. Bono MI J Last Name Barbata
E-mail Address _____
Mailing Address 5 Brookview Drive
City Colts Neck State NJ Zip 07722
Telephone 732 431 0860 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 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.

17CN08996

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date _____

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

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

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 2

Final Cost

Total 10[€]
Deposit _____
Balance Due _____
Balance Paid 101

Records Provided

[Signature]
Custodian Signature

11/13/17
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

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Important Notice

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Requestor Information - Please Print

First Name Oscar MI 6 Last Name Porcino
E-mail Address _____
Mailing Address 9 ANW ST APT 13
City Freehold State NJ Zip 07778
Telephone 732-861-1759 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 11-13-2017

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.

17CN08030

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost
Total 154
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens 11-13-17
Custodian Signature Date



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Important Notice

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Requestor Information – Please Print

First Name SCOTT MI A Last Name RANDS FIELDS
E-mail Address randsfields@verizon.net
Mailing Address 16 CARRIAGE HILL DR
City COLTS NECK State NJ Zip 07722
Telephone 973-432-0301 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 11/8/17

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.
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All documents in possession of the Colts Neck Police Department associated with police visit to 16 Carriage Hill Dr on the evening of November 5, 2017, including all police officer notes and documents received by any third parties or government agencies which facilitated police presence at the home that evening.

17CN08961

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 3
Final Cost
Total 154
Deposit _____
Balance Due _____
Balance Paid 154
Records Provided _____
Custodian Signature [Signature] Date 11/8/17



COLTS NECK TOWNSHIP POLICE DEPARTMENT

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Requestor Information - Please Print

First Name Altice MI _____ Last Name _____
E-mail Address _____
Mailing Address 40 pine st
City Antar Falls State NJ Zip _____
Telephone Frank Stanton - 732-243-6248 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 Michael J. Burt Date 11-8-17

Payment Information

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

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

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

AGENCY USE ONLY

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

In Progress _____ Open _____
Denied _____ Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 17CND8927
Rec'd Date 11/4/17
Ready Date 11/8/17
Total Pages 4

Records Provided

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid 1.20

Rae Behrens

11/8/17



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 LOUIS MI _____ Last Name RENDA
E-mail Address Lourenda@rencorinc.net
Mailing Address 24 TANNERY RD
City SOMERVILLE State NJ Zip 08876
Telephone 908-482-0235 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 11-7-17

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.

17CN08774

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 2 _____
Total Pages _____

Final Cost

Total 104
Deposit _____
Balance Due _____
Balance Paid 104

Records Provided

[Signature]
Custodian Signature

11/7/17
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 LEWIS 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 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.

17CN08599
17CN08737
17CN08760

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
Deposit \$5.00
Balance Due \$5.00
Balance Paid 15.00

Records Provided

ck # 677705501
ck # 677782961
ck # 677681291
Rae Behrens
Custodian Signature

11/6/17
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 LEVIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City South Plainfield 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 11-06-17

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.

17CN08763

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 # _____ Total 5.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

ck # 677681028

Rae Behrens
Custodian Signature

11/6/17
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 LEXIS NEXIS MI _____ Last Name _____
E-mail Address _____
Mailing Address PO Box 7000
City Southwestern State PA Zip 19398
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ 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 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.

17CN00138

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information

Final Cost

Tracking # _____ Total \$500.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CK # 677459671

Rae Behrens
Custodian Signature

11/6/17
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 Steven MI P. Last Name Haddad
 E-mail Address magdi@SPbLaw.com
 Mailing Address 510 Thornall St. Suite #270
 City Edison State NJ Zip 08837
 Telephone 732-933-3535 FAX 732-933-3536
 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 11/6/17

Payment Information

Maximum Authorization Cost \$

Select Payment MethodCash ☐ 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.

10/30/17 - 11/5/17

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

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

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

In Progress - ☐ Open _____
 Denied - ☐ Closed _____
 Filed - ☐ Closed _____
 Partial - ☐ Closed _____

Tracking Information**Final Cost**

Tracking # _____ Total 2.15
 Rec'd Date postage Deposit 5.00
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid 7.15

Records Provided

see attached

Rae Behrens
 Custodian Signature

11/20/17
 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 Aamer MI Ag Last Name MOHAMMED
E-mail Address CDS.Aamer@gmail.com
Mailing Address 2995 Chapel Ave Apt-K4L
City Cherry Hill State NJ Zip 08002
Telephone 856-229-6067 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 MJ. Aamer Date 11/03/2012

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.

17CNO6987

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total \$ 15
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens 11/6/17



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 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 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.

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.

17CN08583
17CN08646
17CN08637

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress _____ Open _____
Denied _____ Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid \$15.00

Records Provided

Rae Behrens

11/3/17



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 Stacey MI MI Last Name Flattey
E-mail Address _____
Mailing Address 10 Williamsburg North
City Colts Neck State NJ Zip 07722
Telephone 732 683 9608 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 Stacey Flattey Date 11/2/17

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 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.

Report - 30 OCT 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 # 17CND8754 Total 20
Rec'd Date 10/30/17 Deposit _____
Ready Date 11/2/17 Balance Due _____
Total Pages 4 Balance Paid 20
Records Provided

Rae Behrens
Custodian Signature

11/2/17
Date