

COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM
 124 Cedar Drive, Colts Neck NJ 07722
 (732) 784-7322 & (732) 784-0225
 cnyrd@coltsneckpolice.com
 Pao 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 Last Name Haddad
 E-mail Address maggie@SPHLaw.com
 Mailing Address 510 Thornhill 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 ☒ Email
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/30/17

Payment Information

Maximum Authorization Card # _____
 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.

10/23/17 - 10/29/17

Estimate of Costs Est. Document Cost _____ Est. Delivery Cost _____ Est. Labor Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notice Custodian: If any part of request cannot be delivered in seven business days, date response here: _____ in Progress ☐ Open ☐ Partial ☐ Closed ☐ Partial ☐ Closed ☐ Partial ☐ Closed ☐	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____ Final Cost Total <u>2.15</u> Postage <u>5.00</u> Balance Due <u>7.15</u> Balance Paid _____ <u>[Signature]</u> 11/6/17 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 Christina MI Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-1120 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Christina Mota Date 10/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/17/2017

End Date 10/23/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	<u> </u>	Total <u>90</u>
Rec'd Date	<u> </u>	Deposit <u> </u>
Ready Date	<u> </u>	Balance Due <u> </u>
Total Pages	<u> </u>	Balance Paid <u> </u>

Records Provided

Rae Bedrosian
Custodian Signature

10/26/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM
 124 Cedar Drive, Colts Neck NJ 07722
 (732) 780-7322 & (732) 780-0226
open@coltsneckpolice.com
 Ann Dehrens, 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 M. P. Last Name Haddad
 E-mail Address: maggi@SPBLaw.com
 Mailing Address 516 Thornhill 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 ☐ In-person ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please state this. Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/23/17

Payment InformationBusiness Authorization Code: 6**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.
 Extra: Special service charge depending 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.

10/16/17 - 10/22/17

Est. Document Cost Est. Delivery Cost Est. Extra Cost Total Est. Cost Deposit Amount Estimated Balance Deposit Date	Disposition Notice Custodian: If any part of request cannot be delivered in seven business days, must return fees. In Progress: ☐ Open ☐ Closed Denied: ☐ Closed Partial: ☐ Closed	Tracking Information Tracking # Rec'd Date Ready Date Total Pages Total Cost: <u>1.90</u> Postage: <u>5.00</u> Balance Paid: <u>5.90</u> Records Provided
---	---	--

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 Christina MI Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-1120 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Christina Mota Date 10/18/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/10/2017

End Date 10/16/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	<u> </u>	Total <u>.95</u>
Rec'd Date	<u> </u>	Deposit <u> </u>
Ready Date	<u> </u>	Balance Due <u> </u>
Total Pages	<u> </u>	Balance Paid <u> </u>
Records Provided		
 Custodian Signature		<u>10/26/17</u> 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 Revis Revis 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

10-16-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

17C N08079

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 # 673424341

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 Steven MI P. Last Name Haddad
 E-mail Address magdi@SPHLaw.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 10/16/17

Payment Information

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

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

10/9/17 - 10/15/17

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 1.50
 Deposit 5.00
 Balance Due _____
 Balance Paid 6.50
 Records Provided _____

[Signature]
 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) 780-0226 & (732) 780-0226

cnpd@coltsneckpolice.com

Ron 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.

Requester Information - Please Print

First Name	DOROTHY		Last Name	BRANDT	
E-mail Address	dorothy.brandt@firstgroup.com				
Mailing Address	145 AMBOY ROAD				
City	MORGANVILLE	State	NJ	Zip	07751
Telephone	732-536-3485		FAX	732-536-1544	
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</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature			Date	10/16/17	

Payment Information

Maximum Authorization Limit \$	
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:	Specialty 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.

17CN08102

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____		Records Provided			
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Carried	-	Closed	_____	

10/18/17

OCT/16/2017/MON 08:14 AM Colts Neck PD

RAX No.

P. 002

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 Robert MI M Last Name Cohen
 E-mail Address dogmaven@optonline.net
 Mailing Address 4 Apollo Rd
 City MANALAPAN State NJ Zip 07726
 Telephone 732 536 4337 FAX 732 536 1415
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☒ E-mail ☐
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/16/17

Payment Information

Maximum Authorization Cost \$ _____
 Selected 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.

17CN08102

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	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 _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided _____
Est. Delivery Cost	_____				
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____				
		<u>Rae Behrens</u> <u>10/18/17</u> 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

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 Patricia MI A Last Name Pecoraro
E-mail Address patricia.mp@optonline.net
Mailing Address 32 Yearling Path
City Colts Neck State NJ Zip 07722
Telephone (908) 673-6088 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/12/17

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.

17CN08015

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	\$15

Records Provided

[Signature]
Custodian Signature

10/12/17
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 Lexis Nexis MI _____ Last Name _____

E-mail Address _____

Mailing Address Box 7000City 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 10/2/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge 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.

17CN07425
17CN07681
17CN06894
17CN07594

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 _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid \$20.00

Records Provided

Rae Behrens
Custodian Signature

10/2/17
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 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 10/2/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page

Legal size pages - \$0.07 per page

Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge 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.

17CN07594
17CN07556
17CN07297
17CN07233
17CN07350
17CN07482
17CN07425
17CN07424

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 _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid \$40.00

Records Provided

R. Behrens
Custodian Signature

10/2/17
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 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 10/2/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge 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.

17CNO7519

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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid 10.5

Records Provided

R. Behrens
Custodian Signature

10/2/17
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 Alison MI R Last Name Prendergast
E-mail Address alison.prendergast123@gmail.com
Mailing Address LeChristie Lane
City Freehold State NJ Zip 07728
Telephone 908-770-3691 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 Alison Prendergast Date 10/4/2017

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.

17CN07482

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 _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ 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 VINCENT MI MI Last Name BASILE
E-mail Address VINB@ATT.NET
Mailing Address 12 Kensington Pass
City COLTS NECK State NJ Zip 07722
Telephone 732-522-8210 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/6/17

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.

17CN07 327

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 # 17CN07327 Total .15
Rec'd Date 9/15/17 Deposit _____
Ready Date 10/5/17 Balance Due _____
Total Pages 3 Balance Paid .15
Records Provided

[Signature]
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 MARY MI _____ Last Name Schneider
E-mail Address MARYMSCHNEIDER@YAHOO.COM
Mailing Address 4 Wedgewood Ave
City Colts Neck State NJ Zip 07722
Telephone 732 946-3276 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 Mary Schneider Date Oct 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.

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 # 17CND7853 Total 15
Rec'd Date 10/2/17 Deposit _____
Ready Date 10/6/17 Balance Due _____
Total Pages 5 Balance Paid 15

Records Provided

Rae Behrens 10/18/17
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

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

Requestor Information – Please Print

Payment Information

First Name Susan MI M Last Name Osmulski
E-mail Address g.tanglewood Ct. maggieosmulski@gmail.com
Mailing Address 8 Tanglewood Ct.
City Colts Neck State NJ Zip 07722
Telephone 732-598-9111 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/6/2017

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		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost
Est. Delivery Cost	_____		Tracking # <u>17C107786</u>	Total	<u>15</u>
Est. Extras Cost	_____		Rec'd Date <u>9/30/17</u>	Deposit	_____
Total Est. Cost	_____		Ready Date <u>10/6/17</u>	Balance Due	_____
Deposit Amount	_____		Total Pages <u>3</u>	Balance Paid	<u>15</u>
Estimated Balance	_____	Records Provided			
Deposit Date	_____	In Progress	-	Open	_____
		Denied	-	Closed	_____
		Filled	-	Closed	_____
		Partial	-	Closed	_____

Rae Behrens 10/18/17
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

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 John MI _____ Last Name YOUNG
E-mail Address JYOUNG 5079 @ AOL.COM
Mailing Address 8 SCOBEXVILLE DR
City Colts Neck State NJ Zip 07722
Telephone 732 740 3669 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 10/9/17

Payment Information

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

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

17CN07820

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	<u>17</u>
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	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 Steven MI P. Last Name Haddad
 E-mail Address magdi@SPHLaw.com
 Mailing Address Slathornall 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 10/10/17

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.

CAR Accident Police Reports

10/2/17 to 10/08/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____	Total <u>1.65</u>
Rec'd Date _____	Deposit <u>Postage 5.00</u>
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid <u>6.65</u>
Records Provided _____	

Rae Behrens 10/18/17
 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

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 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 10/10/17

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.

17CN07348

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

10/10/17



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	<u>Miriam</u>	MI		Last Name	<u>Weiss ESQ</u>
E-mail Address	<u>Lavellino@mweisslaw.com</u>				
Mailing Address	<u>41 Bayard St 2nd Fl</u>				
City	<u>New Brunswick</u>	State	<u>NJ</u>	Zip	<u>08901</u>
Telephone	<u>(732) 418-9111</u>		FAX	<u>(732) 418-9115</u>	
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</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>10-11-17</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.

Copies of all motor vehicle accident reports
from 10-4-17 to 10-10-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	_____	Total <u>7.90</u>
Rec'd Date	_____	Deposit <u>5.00</u>
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid <u>6.90</u>
Records Provided		
<u>Rae Behrens</u> Custodian Signature		<u>10/24/17</u> 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 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 10/11/17

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.

17CN07861
17CN07879
17CN07911
17CN07084
17CN07857
17CN07806

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 _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid \$30.00

Records Provided

Rae Behrens
Custodian Signature

10/11/17
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 ANN MI _____ Last Name RIPPA
E-mail Address _____
Mailing Address 24 HEYERS Mill Rd
City Colts Neck State NJ Zip 07722
Telephone 917-673-0045 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 Ann Ripa Date 10/12/17

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.

17CN08063

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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid \$15

Records Provided

Rae Behrens
Custodian Signature

10/12/17
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	<u>Danna</u>	MI	<u>A</u>	Last Name	<u>Colleson</u>
E-mail Address	<u>wilhelmb306@aol.com</u>				
Mailing Address	<u>9 Couchman Dr</u>				
City	<u>Freehold</u>	State	<u>NJ</u>	Zip	<u>07728</u>
Telephone	<u>732-431-5247</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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>		Date	<u>10/10/17</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.

17CN08015

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	<u>\$.15</u>

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 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 10-16-17

Payment Information

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

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

17CN07793

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 # 671787792

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	Hein	MI	J	Last Name	Krajnick
E-mail Address	hkrajnick@aol.com				
Mailing Address	52 Grand Teton Ave				
City	Haeul	State	NJ	Zip	07731
Telephone	732 770 3682		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	10/16/17

Payment Information

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

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

17CNO7182

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	204
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 Lewis Rexis 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 10-16-17

Payment Information

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

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

17CN 07820
17CN 08015

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 \$10.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CK# 673463651
CK# 673445701
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 LEXIS NEXIS MI _____ Last Name _____
E-mail Address _____
Mailing Address PO Box 7000
City South eastern 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 10-17-17

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.

17CN08015
17CN07798

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 # 673568812
CK # 673653021

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 Joseph MI MI Last Name Di Salvatore
E-mail Address mfiman1974@gmail.com
Mailing Address 2 Red Hawk Rd South
City Colts Neck State NJ Zip 07722
Telephone 917-922-6220 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 Joseph Di Salvatore Date 10/18/17

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.

17CNO7616

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 n/c
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 ERIK MI M Last Name MAHLER
E-mail Address mahlere@gmail.com
Mailing Address 88 OBRE RD
City COLTS NECK State NT Zip 07722
Telephone 732-241-7430 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 [Signature] Date 10/18/17

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.

17CN08418

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 N/C
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

[Signature]
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 George MI N Last Name Romero

E-mail Address _____

Mailing Address 110 Laredo Dr

City Margaretville State NY Zip 0775

Telephone 917 686 3534 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 George Romero Date 10-19-17

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.

17CN02810

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 104
Deposit _____
Balance Due _____
Balance Paid 104

Records Provided

Rae Behrens
Custodian Signature

10/20/17
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 David MI J Last Name Whalen Jr.
E-mail Address dave.whelanjr@gmail.com
Mailing Address c/o Dorbrook Rec Area 353 Rt. 537
City Colts Neck State NJ Zip 07722
Telephone 732-542-1643 FAX 732-542-3678
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] # 323 Date 10/19/17

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.

17CNC08353

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	<u>35</u>
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

[Signature]
Custodian Signature

10/20/17
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 Camille MI E Last Name Visci

E-mail Address _____

Mailing Address 92 Cedar Drive

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 Camille E. Visci Date 10/23/2017

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.

17CN08200

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 N/C

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

Rae Behrens
Custodian Signature

10/23/17
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 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 10-23-17

Payment Information

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

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

17CN08098

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 50%
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK # 6750 91332

Rae Behrens
Custodian Signature

10/24/17
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 Robert MI M Last Name Ranco
E-mail Address RancoElectric@hotmail.com
Mailing Address 3010 Stable Way
City Colts Neck State NJ Zip 07722
Telephone 908-705-0314 FAX 732-938-2125
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/24/17

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.

17CN05299

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 154
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

[Signature]
Custodian Signature

10/24/17
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 GEORGE MI E Last Name DUCKERSE-mail Address george.duckers@yahoo.comMailing Address 62 COLONIAL DRCity TINTON FALLS State N.J. Zip 07753Telephone (732) 500-1303 FAX N/APreferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature [Signature] Date 10/24/17

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.

17CN08353

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 154
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

[Signature]
Custodian Signature

10/24/17
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	<u>PETE</u>	MI	<u>K</u>	Last Name	<u>GRAY</u>
E-mail Address	<u>PETE.GRAY@CO.MONMOUTH.NJ.US</u>				
Mailing Address	<u>250 CENTRE ST</u>				
City	<u>FRIKHOLD</u>	State	<u>NJ</u>	Zip	<u>07708</u>
Telephone	<u>732-431-6550</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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>10/26/17</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.

Pickup Police Accident Report for County Article

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 #	<u>17C108201</u>	Total	<u>NC. 10</u>
Rec'd Date	<u>10/13/17</u>	Deposit	_____
Ready Date	<u>10/26/17</u>	Balance Due	_____
Total Pages	<u>2</u>	Balance Paid	<u>NC. 10</u>

Records Provided

[Signature]
Custodian Signature

10/26/17
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

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 Patricia MI A Last Name Ronca
E-mail Address Pronca75@gmail.com
Mailing Address 8 Pitgmn Way
City Colts Neck State NJ Zip 07722
Telephone 954-298-9010 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 P. Ronca Date 10/26/17

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.

Narrative
and whole report

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 # 17CH05134 Total 20
Rec'd Date 2/8/17 Deposit _____
Ready Date 10/26/17 Balance Due _____
Total Pages 4 Balance Paid 20
Records Provided

Rae Behrens
Custodian Signature

10/21/17
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 Robyn MI M Last Name Cammaroto
E-mail Address FRcammaroto@optonline.net
Mailing Address 29 Yearling Path
City Colts Neck State NJ Zip 07722
Telephone 732-308-4552 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10-27-17

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.

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 # 17CNO8639 Total 1.0
Rec'd Date 10/26/17 Deposit _____
Ready Date 10/27/17 Balance Due _____
Total Pages 2 Balance Paid 1.0
Records Provided

Rae Behrens

10/30/17



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	Hager	MI	S	Last Name	Abuellaad
E-mail Address	hager1997@hotmail.com				
Mailing Address	39 Kearney Ave. 8e Apt. 6				
City	Seaside Heights	State	NJ	Zip	08751
Telephone	(929) 300-9140		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</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Rae Behrens			Date	10/27/2017

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.	

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		Final Cost	
Tracking #	17EN0 7793	Total	15
Rec'd Date	9/30/17	Deposit	_____
Ready Date	10/20/17	Balance Due	_____
Total Pages	3	Balance Paid	10

Records Provided

Rae Behrens
Custodian Signature

10/27/17
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 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 10/30/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

17CN08501

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 \$5.00

Records Provided

Rae Behrens

10/30/17