Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/1/2017

End Date 8/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total $1.65

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

8/16/17

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Metropolitan Reporting (MI) Last Name Bureau

E-mail Address

Mailing Address Box 926 William Penn Annex

City Phila State PA Zip 19105-0926

Telephone FAX

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

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

Signature Date 8-9-17

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.

17 CV 06053

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 5.00/xx
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

CK # 111078110

Rae Behrens 8/9/17
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 Tyrek MI R Last Name Chadwick

E-mail Address T121091c@gmail.com

Mailing Address 212 Fisler Ave.

City Egg Harbor Twp. State NJ Zip 08234

Telephone 609-287-7071 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 08/10/17

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.

Requesting Police accident records for an accident I was in back in July of last year. I was driving a black mercedes C300 2008 and was rear ended at a stop light

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 # 16CN04666
Rec'd Date 8/24/16
Ready Date 9/11/3
Total Pages ~~3~~ 15

Records Provided

Final Cost

Total -15
Deposit ____
Balance Due ____
Balance Paid -15

[signature] Custodian Signature 8/10/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name TANIA MI M Last Name GOODMAN

E-mail Address tgoodman52@yahoo.com

Mailing Address 100 CEDAR DRIVE

City Colts Neck State NJ Zip 07722

Telephone 732-995-7432 FAX 732-866-8739

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 8/11/17

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.

Report #17CN06268

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $ 5.15
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature

8/14/17 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 DEBORAH MI _____ Last Name WHITE

E-mail Address debermak66@gmail.com

Mailing Address 106 Bagley Hall Rd Unit B

City FREEHOLD State NJ Zip 07728

Telephone 732-272-5647 FAX _____

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

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

Signature Deborah White Date 8-11-17

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.

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AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 17CN04917
Rec'd Date 6/29/17
Ready Date 8/11/17
Total Pages 3

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

8/11/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name LEXIS NEXIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7001

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 8-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06155
17CN06003
17CN06150

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost
Total $15.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 66207122
CK# 66170087

Rae Behrens 8/14/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENLyhovsky(2)Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Melgnville State NJ Zip 07757

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

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 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Motor Vehicle Accidents Reports

from 8/7/17 Through 8/13/17

AGENCY USE ONLY

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

Deposit Date ____

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 $5.15
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens
Custodian Signature

8/16/17
Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Arthur MI ____ Last Name Schwartz

E-mail Address arthur@aschwartzesq.com

Mailing Address 405 Candlewood Commons Bldg 4

City Howell State NJ Zip 07731

Telephone 732-905-1005 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 Arthur J Schwartz Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting all motor vehicle accident reports for the month of July 2017.
Please fax payment information when ready.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Final Cost
Total $7.95
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 8/16/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

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

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

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

Signature _____ Date 8-16-17

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.

Copies of all motor vehicle accident reports from 8-9-17 to 8-15-17

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 $5.00
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens 8/16/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Sarah MI F Last Name Findel

E-mail Address Sarah@SarahFindel.com

Mailing Address 8 Freemont Lane

City Colts Neck State NJ Zip 07722

Telephone (908) 229-3000 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 8/17/17

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.

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 # 17CN05729
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed

Rae Behrens 8/18/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Matthew MI S Last Name Seward

E-mail Address mathsean seward@yahoo.com

Mailing Address 29 Churchill St.

City Freehold State NJ Zip 07728

Telephone (908) 770-3812 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 8-18-17

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.

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 # ~~17640~~
Rec'd Date 3/27/07
Ready Date 8/18/17
Total Pages 3

Final Cost

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

Records Provided

07-1819

[signature] 8/18/17
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 BERNARD MI T Last Name CHLEBOWSKI

E-mail Address

Mailing Address 24 BLACKBRIAR DR.

City COLTS NECK State NJ Zip 07722

Telephone 732-946-4846 FAX 732-946-4846

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 B. Chlebowski Date 8-19-17

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.

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 # 17CN06003
Rec'd Date 8/21/17
Ready Date 8/18/17
Total Pages 3

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

8/18/17
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 Ricky MI ____ Last Name Peou

E-mail Address JMckenna@Geico.com

Mailing Address PO Box 9515

City Fredericksburg State VA Zip 22403

Telephone 856-810-4617 FAX 716-898-0542

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 Ricky Peou Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting PR # 17CN06371 as I am investigating liability for Geico

Claim # 047997 10301010 20

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 8/25/17

Rae Behrens 8/25/17
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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 GUMERCINDO MI ____ Last Name CRUZ-ANTONIO

E-mail Address ____

Mailing Address ____

City NEW BRUNSWICK State NJ Zip 08901

Telephone 732-470-3372 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 8/22/2017

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.

17CN06371

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

8/22/17
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 8-22-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN03522

2nd Request – (we already have their check) 5.00

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 5.00/XX
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Ck # 654584/62

Rae Behrens
Custodian Signature

8-22-17
Date

732 462 6240

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226 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 Jef MI ____ Last Name Hennigan

E-mail Address Jeflawoffice@gmail.com

Mailing Address 188 Shrewsbury Ave, Suite 220

City Tinton Falls State NJ Zip 07724

Telephone 732-263-0242 FAX 973-547-8199

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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting all criminal records (especially thefts, burglaries) against any person or the property located at 240 State Highway, Colts Neck

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open
Denied - Closed 11/2/17
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No records.

Rae Behrens 11/2/17
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 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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06195
17CN06127
17CN06620

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/xp
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 66382265 1
66356536 1

Rae Behrens
Custodian Signature

8/22/17
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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06069
17CN06371 – Wong
17CN06361
17CN06371 – Cruz
17CN06419

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 $25.00/xx
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

ck# 663385311
663563011
664060682
663701511
663894541

Rae Behrens 8/22/17
Custodian Signature Date

732 462 6240

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226 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 Jef MI ____ Last Name Hemingway

E-mail Address Jeflawoffice@gmail.com

Mailing Address 188 Shrewsbury Ave, Suite 2209

City Tinton Falls State NJ Zip 07724

Telephone 732-263-0242 FAX 973-547-8999

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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting all criminal records (especially thefts, burglaries) against any person or the property located at 240 State Highway, Colts Neck

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.

no records for the address listed above

In Progress - Open
Denied - Closed 9/6/17
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens
Custodian Signature

9/6/17
Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/15/2017

End Date 8/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total $1.25

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

Date 8/28/18

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

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

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

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

Signature _____ Date 8-23-17

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.

Copies of all motor vehicle accident reports

from 8-16-17 to 8-22-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $1.40
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens 9/5/17
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 MARIA MI ____ Last Name DIAZ

E-mail Address ____

Mailing Address 531 Duchess ct

City Toms River State NJ Zip 08753

Telephone 732-433-0990 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 8/24/17

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.

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 # 17CN06089
Rec'd Date 8/5/17
Ready Date 8/24/17
Total Pages 3

Final Cost

Total .25
Deposit ____
Balance Due ____
Balance Paid .15

Records Provided

[signature] Custodian Signature 8/25/17 Date

Ref #18190

RECEIVED
AUG 24 2017
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 KaoChee MI ____ Last Name Xong
E-mail Address KaoChee.Xong@theclaimscenter.com
Mailing Address P.O. Box 47604
City Plymouth State MN Zip 55447
Telephone 866-233-0353 x1031 FAX 866-233-9627
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 8/24/2017

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.

Requesting fire report regarding to a MVA that damaged Verizon pole near 234 County Rd 537 around 2/24/2016. Will you please help search fire records to see if their department may have responded. Thank you.

AGENCY USE ONLY

st. 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

no report
~~typed~~ emailed response 8/25/17

Rae Behren 8/25/17
Custodian Signature Date

This fax was sent with GFI FaxMaker fax server. For more information, visit: http://www.gfi.com

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 Hailo MI _____ Last Name HARLMAR

E-mail Address _____

Mailing Address PO3 500

City CN State NJ Zip 07722

Telephone 73845-1331 FAX _____

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

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

Signature _____ Date 8/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06253

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 9.15
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens
Custodian Signature

8/25/17
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 SHELDON MI _____ Last Name VOGEL

E-mail Address _____

Mailing Address 60 MUHLENBRINK ROAD

City COLTS NECK State NJ Zip 07722

Telephone (917) 270-6593 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 Sheldon Vogel Date 8/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06453

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 2

Final Cost

Total 10¢
Deposit _____
Balance Due _____
Balance Paid 10¢

Records Provided

Rae Behrens
Custodian Signature

8/25/17
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 MetroReporting MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

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 8/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06453
17CN06481

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid $10.00

Records Provided

Rae Behrens
Custodian Signature

8/25/17
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 8-28-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06549

17CN06453

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 # 66499911
CK# 66453042

Rae Behrens
Custodian Signature

8/28/17
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 C Last Name MOSELLO

E-mail Address joemosello@Aol.com

Mailing Address 126 E CONCORDIA CIRCLE

City MONROE Township State NJ Zip 08831

Telephone 732-746-2081 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 Mosello Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06447

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 40¢
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens
Custodian Signature

8/28/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Metropolitan Reporting Bureau Last Name _____

E-mail Address _____

Mailing Address Box 926 William Penn Annex

City Phili State PA Zip 19105-0926

Telephone _____ FAX _____

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

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

Signature _____ Date 8-28-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN03522

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $5.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Ck# 111197587

Rae Behrens
Custodian Signature

8/28/17
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 8-28-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case # 17CN06483

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $5.00 ~~Fax~~
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 664233852

Rae Behrens
Custodian Signature

8/28/17
Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 08/20/2017

End Date 08/26/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total 80¢

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 8/29/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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 Double O MI ____ Last Name Contracting

E-mail Address MMGROUPNJ@gmail.com

Mailing Address 109 Birch St.

City Old Bridge State NJ Zip 08857

Telephone 732.626.2392 FAX 732.360.9450

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

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

Signature [signature] Date 08/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06046

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Faxed
Rae Behrens
Custodian Signature

8/29/17
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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 Gary MI ____ Last Name Fread

E-mail Address gary.fread@co.monmouth.nj.us

Mailing Address 2501 Center St

City Freehold State NJ Zip 07728

Telephone 732 431 6550 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 8/29/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

17CN06419

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

[signature] Custodian Signature

8/29/17 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

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

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

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

Signature _____ Date 8.30.17

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.

Copies of all motor vehicle accident reports

from 8-23-17 to 8-29-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

Rae Behrens 9/5/17
Custodian Signature Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/22/2017

End Date 8/28/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total 80¢

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

9/6/17 Date