Records Request Form

Details

Name RECORDS REQUEST FORM (08-14-13).doc

Size 429 KB

Modified -

Denise%20R.%20Berg

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM
100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Denise MI R Last Name Berg

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone

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 Denise Berg Date 8/1/2017

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.

CASE NUMBER (IF AVAILABLE) ____

I was told 2 seperate police were filed in June 2016 on my son He accidently tossed a rock in the air it bounced and hit a glass storm Door. Later the Home Owner wanted the front door Replaced but no mention in the Report. Officer Sanitago stated Owner came back few wks later to add the front Door. I need Both Reports Bc Iam NOW being Sued after I paid for the glass and front Door for more money. We went to Juvenile court pd $17.00 He wants $1800.00 Thank you for your help

Court IS August 16th 9am

Agency Use Only

Request rcd: 8/1/17 AP

Request filled: 8/1/17 AP

- mailed on 8/2/17 AP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Gabrielle [redacted] MI D Last Name Wilson-Darden

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Gabrielle M Darden Date 9/1/17

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 NUMBER (IF AVAILABLE)

On nov 2, 2016 came to my house knocked on my door and punched me in my face. We began to fight cops were called. Prior to incident. had been calling texting and threatening me. I would like the police report.

2016-26254

Agency Use Only

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

Request Received by: BR Date: 8/1/17

emailed 8/2/17

BR — Request Filled By

8/1/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Stephanie MI ____ Last Name Horn

E-mail Address ____

Mailing Address ____

City Scranton State PA Zip 18505

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 [signature] Date 8/2/17

Payment Information

Maximum Authorization Cost $ 20.00

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 NUMBER (IF AVAILABLE) Unknown (2017-17719)

Incident At Red Roof Inn Mt Laurel on 7/27/17

Alleged Rape by A Co worker.

We handle the Work Compensation claims for The Employer WIS International.

I am handling the Work Comp Claim For

Agency Use Only

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

Request Received by: [signature] Date: 8-2-17

Request Filled By [signature] DATE 8-2-17

Mailed on 8/3/17.

[signature]

PROVIDING SERVICES FOR nj.com + Star-Ledger

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

RECEIVED
JUL 26 2017
By

7/25/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

MAILED 8/3/2017
w/Disc
AM

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name BRIAN-ANDREW MI D Last Name ATIENZA

E-mail Address _____

Mailing Address _____

City NY State NY Zip 10003

Telephone _____ FAX _____

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

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.A. Date 8/2/17

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.

CASE NUMBER (IF AVAILABLE) 20 17-15399

I AM REQUESTING RECORDS FILED ON JULY 1 & 15TH BY ME, PLAINTIFF, REGARDING A BREACH OF CHILD CUSTODY ORDER.

Agency Use Only

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

Request Received by BR Date: 8/2/17

17-17906

BR 8/2/17
Request Filled By DATE

M

emailed 8/3

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Diana MI R Last Name Venuto

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone ( ) 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 Diana Venuto Date 8/1/17

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 NUMBER (IF AVAILABLE) 2017-16811

I would like the records for my stolen social security number involving Sprint phones.
Report was filed 2 weeks ago but happened in October

Agency Use Only

		Final Cost Total	.05
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: [illegible] Date: 8-1-17

picked up 8-3-17 [illegible]

[illegible] 8-2-17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name JOHN MI D Last Name FEAST

E-mail Address

Mailing Address

City Moorestown State NJ Zip 08057

Telephone FAX

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

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

Signature [signature] Date 8/2/17

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.

CASE NUMBER (IF AVAILABLE) 2017-16764

My brother broke into my mother's home while she was in the hospital. Caused over $10,000 in damage. Broke in thru bedroom window Mt. Laurel

Date 7/17/17

Need for insurance claim [signature]

Agency Use Only

		Final Cost	
		Total	.95
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: [signature] Date: 8/2/17

Request Filled By [signature] 8/3/17 DATE

Picked up on 8/3/17 KH

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Monique MI ____ Last Name WAIKER

E-mail Address ____

Mailing Address ____

City Mt. Laurel State N.J. Zip 08054

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 Monique Walker Date 8-4-17

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 NUMBER (IF AVAILABLE)____

I would like to know how many times & reports police officers were called out to Chaucer court during the week of July 31, 2017 to August 4th 2017.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	10¢
Total Pages	2	Balance Paid	

Request Received by: SM Date: 8/4/17

SM 8/4/17
Request Filled By DATE

8/9/17 called - Rpt ready for P/U.

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Paula MI V Last Name Keefe

E-mail Address

Mailing Address

City Lumberton State NJ Zip 08048

Telephone FAX

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

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

Signature [signature] Date 8/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-10650

Requesting Report For

Date of Incident 5/5/17 [illegible]

Location [illegible] Mount Laurel [illegible]

Description of Incident [illegible] exposed himself to me 5/5/17. [illegible] incident finally [illegible] to the police. [illegible] incident report rather than a full complaint, since [illegible] South Africa [illegible] country.

8/9 called and left message

[initials]

Agency Use Only

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

Request Received by: BR Date: 8/4/17

BR 8/4/17

Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name WILLIAM MI S Last Name LANG

E-mail Address

Mailing Address

City MT LAUREL State NJ Zip 08054

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 William S Lang Date 8-4-2017

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.

CASE NUMBER (IF AVAILABLE) 2017 17559

e did not like me driving down street + that I have cameras on front + back of my house (Officer McGovern) I would like the report

Agency Use Only

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

Request Received by: Sm Date: 8/4/17

Sm 8/4/17
Request Filled By DATE

17-17555

17-17559
Not his -
Sm

8/9/17 McLeay stopped in to ask Rpt to be E-Mailed - E-Mailed /Sm

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to _____ if possible (or) fax to

Start Date 7/30/2017

End Date 8/5/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 8/7

BR 8/10 - emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Delsenia MI Last Name Jones

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 [signature] Date 8/8/2017

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.

CASE NUMBER (IF AVAILABLE) 17-14952

We had a break in on 6/26/2017. A print was lifted from balcony door. I would like to the report.

emailed on 8/15/17.

pc

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

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

Request Received by: [signature] Date: 8/8/17

[signature] 8/8/17
Request Filled by DATE

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian

Place Logo Here

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 Jim MI _____ Last Name O'Donnell

E-mail Address [redacted]

Mailing Address [redacted]

City Bala Cynwyd State PA Zip 19004

Telephone [redacted] 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 James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

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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Please see attached 3 pages

M

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

M 8/10/17
Received + E-Mailed

Custodian Signature

Date

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Dorothy MI _ Last Name Ivey

E-mail Address

Mailing Address

City Rockwall State TX Zip 75087

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 08/09/2017

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.

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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 NUMBER (IF AVAILABLE) _____

offense

- insurance

person involved

Hyatt Place Mt. Laurel 8000 Crawford Place Mt. Laurel, NJ 08054

07/29/2017

minor child allegedly exposed himself to Hyatt employee

17-17899

Agency Use Only

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

Request Received by: Am Date: 8/10/17

Am Request Filled By — 8/10/17 DATE

8/15/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Janet MI M Last Name Johnson

E-mail Address _____

Mailing Address _____

City Medford State NJ Zip 08055

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 Janet Johnson 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.

CASE NUMBER (IF AVAILABLE) 2016-17910

On July 27 someone went into the Verizon Wireless store on Nixon Dr. Mt Laurel and purchased 4 devices under my account.

Agency Use Only

Rec'd Date _____ Total _____ (Final Cost)

Ready Date _____ Deposit _____

Total Pages _____ Balance Due _____

Balance Paid _____

Request Received by: SM Date: 8/9/17

SM Request Filled By

8/9/17 DATE

8/15/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Elaine MI R Last Name Macy

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

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 Elaine Macy Date 8/9/2017

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.

CASE NUMBER (IF AVAILABLE)

Dates: 8/8/2016 – 8/15/2016
Larchmont Blvd.
Dog Incident

Agency Use Only

16-19033

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

Request Received by: SM Date: 8/9/17

8/15/17 E-mailed

SM Request Filled By 8/9/17 DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Michael MI A Last Name Jalil

E-mail Address

Mailing Address

City Bristol State PA Zip 19007

Telephone FAX

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

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

Signature [signature] Date 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.

CASE NUMBER (IF AVAILABLE) Unknown

We are a property preservation company that handles foreclosed homes in NJ. The neighbor for MOUNT LAUREL, NJ 08054 filed a police report claiming one of our contractors went out and removed items from a shared garage.

We were informed a police report was filed on Friday, Aug 4th and we are requesting a copy of the report. The neighbor's name is

Agency Use Only

17-18442

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

Request Received by: Sm Date: 8/9/17

M

8/15/17 E-Mailed

Sm 8/14/17

Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Regina MI Last Name Marchwinski

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 [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.

CASE NUMBER (IF AVAILABLE) 2017-20245

Contractor from neighbor left tons of concrete in front of my home. Would not clean it up.

Agency Use Only

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

Request Received by: BR Date: 8/29/17

BR
Request Filled By

8/29/17
DATE

pc

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name April MI J Last Name Dempsey

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature [signature] Date 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.

CASE NUMBER (IF AVAILABLE) 2017-19895

I am requesting a copy of the accident/incident report arising from a motor vehicle accident which occurred on 8/21/17 at the intersection of Midlantic Drive and Route 38 East involving myself and a (spelling possibly incorrect).

Agency Use Only

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

E-Mailed

Request Received by: [signature] Date: 8/30/17

[signature] 8/30/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kevin MI S Last Name Haran

E-mail Address ,et

Mailing Address

City Hainesport State NJ Zip 08036

Telephone 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 Kevin S. Haran Date 08/28/2017

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.

CASE NUMBER (IF AVAILABLE) 2017-19490

I am a Security Consultant for Parker McCay P.A. 9000 Midlantic Drive, Mount Laurel. There was an incident at our building involving a former employee that required a law enforcement response to the building. I understand that officers also responded to the (Mount Laurel) residence of the former employee and would respectfully request all written re[ports related to this matter. Thank you in advance for your assistance in this matter.

Agency Use Only

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

Request Received by: Sm Date: 8/28/17

Sm 8/29/17
Request Filled By DATE

8/29/17 E-mailed Sm

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Allison MI _____ Last Name Waseleski

E-mail Address _____

Mailing Address _____

City Mount Laurel State NJ Zip 08054

Telephone _____ FAX _____

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

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

Signature Allison Waseleski 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 NUMBER (IF AVAILABLE) 2017-16659

Agency Use Only

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

Request Received by: BR Date: 8/28

BR — Request Filled By

8/28 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jennifer MI ____ Last Name Andersen

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

Telephone ____ FAX ____

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

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

Signature Jennifer Andersen Date 9/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-19754

8/19/17 a delivery truck for Amazon turned around on my lawn and got stuck. He made a mess of my yard (all the while getting stuck on top of my Septic system. Need report for Amazon so we can get my septic system evaluated for possible damage. Also need for Amazon for damage to lawn.

Agency Use Only

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

Request Received by: BR Date: 8/25/17

BR — Request Filled By

8/25/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Henri MI M Last Name Akouka

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Date 24 Aug 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.

CASE NUMBER (IF AVAILABLE) 2017-19882

Officer Haniffy
Badge # 125

REQUESTING REPORT FOR A STOLEN LICENSE PLATE ON OR AROUND AUGUST 7, 2017 IN THE COMMONS OF DELANCEY PARKING LOT LOCATED ON MITTEN LANE IN MOUNT LAUREL NEW JERSEY.

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Request Received by: Am Date: 8/25/17

E-Mailed 8/28/17

Am 8/28/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name John MI F. Last Name Beretzki

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

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 John F. Beretzki Date 8/21/2017

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.

CASE NUMBER (IF AVAILABLE)

On Friday, August 18, 2017 we reported a fallen tree that landed in the street in front of , MT. Laurel, NJ 08054. The fallen tree was due to the heavy rain and hurricane straight winds. The fallen tree pulled up and cracked the sidewalk and grass.

We called 911 since the tree was in the street. A police officer responded and took our information.

We are seeking the police incident report for our insurance coverage purposes.

Agency Use Only

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

Request Received by: Sm Date: 8/21/17

Sm
Request Filled By

8/22/17
DATE

17-19595

8/23/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Monica MI M Last Name Dengler

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 M Dengler 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.

CASE NUMBER (IF AVAILABLE) 2017-18793

I would like to receive a copy of the report filed for the incident that occured @ my home on 8/9/17 I called 911 due to my neighbor - residing @ , Mt Laurel verbally & physically assaulting me by pushing a metal fence into my body causing scratches on my breast & stomach spitting in my face and threatening me with a fire arm.

Agency Use Only

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

Request Received by: Am Date: 8/21/17

Am 8/21/17
Request Filled By DATE

M

8/23/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Beverley MI ____ Last Name Forbes

E-mail Address ____

Mailing Address ____

City White Plains State NY Zip 10603

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 8/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-17899

Incident on 7/29/17 @ the Hyatt Place in Mt Laurel.

Accusation of Assault.

Agency Use Only

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

Request Received by: BR Date: 8/4/17

BR — Request Filled By

8/17/17 — DATE

8/9 called and could not leave message

R

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Danielle MI Last Name

E-mail Address

Mailing Address

City State Zip

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 DT Date 8/3/17

Payment Information

Maximum Authonzation 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 NUMBER (IF AVAILABLE)

Date: 7/22/17
Time: late evening (approx 11p.m.)
Location: Miller's Ale House, Mt. Laurel, N.J.
The bar manager made a false police report that I made a "disruption" and had police wrongly throw me out of the bar after I complained another customer harrassed me. I need police report for potential litigation against Miller's Ale House.

please email police report as soon as possible to:

Thank you.

Agency Use Only

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

Request Received by: m Date: 8/4/17

17-17335

m

8/9/17 E-Mailed

Request Filled By 8/4/17 DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Marisa MI D Last Name McCaughley

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

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 Marisa D. McCaughley Date 8.7.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)

All/Any reports with my name: Marisa McCaughley
July 2017
August 2017

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Request Received by: MP Date: 8-7-17

emailed on 8/9/17 MP

MP
Request Filed By

8-8-17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name BRIAN-ANDREW MI D Last Name ATIENZA

E-mail Address

Mailing Address

City NY State NY Zip 10003

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 B. A Date 8/2/17

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.

CASE NUMBER (IF AVAILABLE) 20 17-15399

I AM REQUESTING RECORDS FILED ON JULY 1 & 15TH BY ME, PLAINTIFF, REGARDING A BREACH OF CHILD CUSTODY ORDER.

Agency Use Only

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

Request Received by BR Date 8/2/17

17-17906

BR Request Filled By 8/2/17 DATE

M

emailed 8/3

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kevin MI W Last Name Worrell

E-mail Address [redacted]

Mailing Address [redacted]

City Mount Laurel State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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

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

Signature Kevin Worrell 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.

CASE NUMBER (IF AVAILABLE): 17-17592.

Please provide a copy of police report number 17-17592 involving myself, Kevin Worrell regarding my ex-wife [redacted]. On Tuesday, July 25, 2017, I physically went to the Mount Laurel Police station with a threatening voicemail from my ex-wife [redacted] along with text messages and an Order entered in January 2017 indicating all visitations with our son are suspended with [redacted]. I would prefer this report to be either emailed or faxed, if possible.

Agency Use Only

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

Request Received by: [redacted] Date: 8/16/17

Request Filled By [redacted] DATE 8/17/17

Mailed on 8/21/17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Scott MI ____ Last Name Callaghan

E-mail Address ____

Mailing Address ____

City Bridgton State ME Zip 04009

Telephone ____ FAX ____

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

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

Signature Scott Callaghan Date 8/31/2017

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.

Case #2016-27384 Officer McGuinness 154

This is for an iPhone stolen from in November out of her car , it was an iPhone provided to her from her employer Overland Solutions Inc. This report is needed so I can get a replacement iPhone

CASE NUMBER (IF AVAILABLE) 2016-27384

Agency Use Only

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

Request Received by: MP Date: 8-31-17

MP 8-31-17
Request Filled By DATE

8-31-17 emailed MP
M

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Metropolitan Reporting Bureau Last Name

E-mail Address

Mailing Address

City Phila State Pa Zip 19107

Telephone 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 Patricia Smith Date 8-15-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)

2017-15866 MVA

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	10 ¢
Total Pages	2	Balance Paid	

Request Received by: Sm Date: 8/14/17

Sm 8/14/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Rochelle MI ____ Last Name Ash

E-mail Address ____

Mailing Address ____

City Mt. Laurel State NJ Zip 08054

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 Rochelle Ash Date 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE): 17-14015
17-14320

I would like the Police reports in above Case Numbers that happened on 6/15/17 & on 6/19/17.

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 20.00
Deposit ____
Balance Due ____
Balance Paid ____

Request Received by: RP Date: 8/8/17

RP 8/8/17
Request Filled By DATE

8/16/17 - byra pay.

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address 2[illegible] _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _ _____ _____ FAX _____

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 8/14

DR 8/18

_____ Custodian Signature

_____ Date

NO MVA on 8/6 or 8/12

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Clint MI B Last Name Walters

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

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 8/15/2017

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.

CASE NUMBER (IF AVAILABLE) I Am requesting my And all incident/reports pertaining to myself, Clint Walters, And . This would be pertaining to child custody/Breaking Court orders, & my prior address was . Maple Shade NJ 08052. Address is Mount Laurel NJ 08054,

- To 40 as far back as August of 2008 to current.
-

Thank You

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due 55+
Balance Paid

Request Received by: sm Date: 8/15/17

sm 8/15/17
Request Filled By DATE

17-12155 I
16-26750 I
17946 I
14-25187 C Pg 1
17337 I
12-13248 I

8/21/17 Rpts ready for P/U.

Mount Laurel Police Department
100 Mount Laurel Rd., Mount Laurel, NJ 08054

REL TOWNSHIP POLICE DEPARTMENT

C RECORDS ACT REQUEST FORM

t Laurel Road, Mount Laurel, NJ 08054

Phone: (856) 722-7567 FAX: (856) 439-9166

ail: records@mountlaurelpd.org

lice Records
cords@mountlaurelpd.org

M-F 8am-3:30pm
856-722-7567
856-439-9166 (Fax)

lice Officer KRUSIESKI #137

se # 2017 18335

Allow 5 days for completion of report
Accident reports can be downloaded at www.mountlaurelpd.org

First Name Aminah MI M Last Name Shabazz

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 Aminah Shabazz Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)____

One of the resident say a staff was getting high with him. (R)

(S)

Agency Use Only

		Final Cost	
		Total	.10
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: BH Date: 8/17/17

BH — Request Filled By

8/18/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kevin MI W Last Name Worrell

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Kevin Worrell 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.

CASE NUMBER (IF AVAILABLE): 17-17592.

Please provide a copy of police report number 17-17592 involving myself, Kevin Worrell regarding my ex-wife,). On Tuesday, July 25, 2017, I physically went to the Mount Laurel Police station with a threatening voicemail from my ex-wife, along with text messages and an Order entered in January 2017 indicating all visitations with our son are suspended with . I would prefer this report to be either emailed or faxed, if possible.

Agency Use Only

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

Request Received by: PP Date: 8/16/17

Request Filled By PP DATE 8/17/17

Mailed on 8/21/17

PP

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to [redacted]

Start Date 8/13/2017

End Date 8/19/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 8/21

BR 8/25-emailed

Custodian Signature Date

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Clint MI B Last Name Walters

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

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 8/22/2017

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.

CASE NUMBER (IF AVAILABLE) 2017 19910

I want Full incident or report(s) not completed yet) that took place at involving a cell phone, between and myself. Thank you

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	.10
Total Pages		Balance Paid	

Request Received by: BR Date: 8/22

BR — Request Filled By

8/24 — DATE

660074332

11183625

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road Mount Laurel NJ 08054
Phone: (856) 722-7567 Fax: (856) 439-9166
Email: records@mountlaurelpd.org

Important Notice

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

Requestor Information – Please Print

First Name JULIE MI ____ Last Name WYLIE

E-mail Address ____

Mailing Address SOUTHEASTERN, PA 19398

City ____ State ____ Zip ____

Telephone ____ FAX ____

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

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

Signature ____ Date 8/10/17

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

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.

7/25/17 201717549

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 ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Ruth MI L Last Name Jacob

E-mail Address

Mailing Address

City Lindenwold State NJ Zip 08021

Telephone 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 Ruth Jacob Date 8/21/2017

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.

CASE NUMBER (IF AVAILABLE)

I stayed at the Hyatt house in Mt. laurel the police were called and we had to leave the hotel clue to too many people in the room. The police came on 8/20/2017 @ 12:00am Rm 1713

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Request Received by Sm Date 8/21/17

Request Filled By DATE

8/21/17 No Record

NL

8/22/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Monica MI M Last Name Dengler

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 MDengler 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.

CASE NUMBER (IF AVAILABLE) 2017-18793

I would like to receive a copy of the report filed for the incident that occured @ my home on 8/9/17 I called 911 due to my neighbor residing @ Mt Laurel verbally & physically assaulting me by pushing a metal fence into my body causing scratches on my breast & stomach spitting in my face and threatening me with a fire arm.

Agency Use Only

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

Request Received by: Am Date: 8/21/17

Am 8/21/17
Request Filled By DATE

M

8/23/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name John MI F. Last Name Beretzki

E-mail Address [redacted]

Mailing Address [redacted]

City Mount Laurel State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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 John F. Beretzki Date 8/21/2017

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.

CASE NUMBER (IF AVAILABLE) _____

On Friday, August 18, 2017 we reported a fallen tree that landed in the street in front of [redacted], Mt. Laurel, NJ 08054. The fallen tree was due to the heavy rain and hurricane straight winds. The fallen tree pulled up and cracked the sidewalk and grass.

We called 911 since the tree was in the street. A police officer responded and took our information.

We are seeking the police incident report for our insurance coverage purposes.

Agency Use Only

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

Request Received by: Sm Date: 8/21/17

Sm 8/22/17
Request Filled By DATE

17-19595

KL

8/23/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Monica MI M Last Name Dengler

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 M Dengler 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.

CASE NUMBER (IF AVAILABLE) 2017-19850

I would like to request a copy of the report filed 8/21/17. I called 911 due to continued walking the fence line whistling na na na hey goodbye staring at me as well as his girlfriend standing at the fence taking pictures of me sitting on my patio in my back yard with my boyfriend. Officer was shown videos from my security home cameras

Agency Use Only

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

Request Received by: Sm Date: 8/21/17

E-Mailed 8/28/17

Sm 8/28/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Henri MI M Last Name Akouka

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Date 24 Aug 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.

CASE NUMBER (IF AVAILABLE) 2017-19882

Officer Hanifty
Badge # 125

REQUESTING REPORT FOR A STOLEN LICENSE PLATE ON OR AROUND AUGUST 7, 2017 IN THE COMMONS OF DELANCEY PARKING LOT LOCATED ON MITTEN LANE IN MOUNT LAUREL NEW JERSEY.

Agency Use Only

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Request Received by: Date: 8/25/17

E-Mailed 8/28/17

Request Filled By 8/28/17 DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jennifer MI ____ Last Name Andersen

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

Telephone ____ FAX ____

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

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

Signature Jennifer Andersen Date 9/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-19754

8/19/17 a delivery truck for Amazon turned around on my lawn and got stuck. He made a mess of my yard (all the while getting stuck on top of my Septic system. Need report for Amazon so we can get my septic system evaluated for possible damage. Also need for Amazon for damage to lawn.

Agency Use Only

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

Request Received by: BR Date: 8/25/17

BR — Request Filled By

8/25/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Metro Reporting MI Last Name Bureau

E-mail Address

Mailing Address

City Phila State Pa Zip 19105

Telephone 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 Peter Smith 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 NUMBER (IF AVAILABLE)

2017-18962 case - Pg 1 only
2017-16948 Accident

Agency Use Only

Rec'd Date
Ready Date
Total Pages 3

Final Cost

Total
Deposit
Balance Due
Balance Paid 15⁴

Request Received by: BY Date: 8/28/17

By 8/28/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Law MI ____ Last Name Konacki

E-mail Address ____

Mailing Address ____

City Cuckleville State NJ Zip 08081

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 ____

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 NUMBER (IF AVAILABLE) 2017 1732 2017-19732

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages 2

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid 10+

Request Received by: ____ Date: 8-24-17

8/29/17 will P/U 8/30/17 Am —

BR
Request Filled By

8/28/17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name GIFTY MI ____ Last Name Konadu

E-mail Address ____

Mailing Address ____

City Sicklerville State NJ. Zip 08081

Telephone ____ 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 Gifty Konadu 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.

CASE NUMBER (IF AVAILABLE) 2017-19732

I would like to pick up the record for the above case number which happen on 8/19/17.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	2	Balance Paid	10

Request Received by: AP Date: 8-25-17

8/29/17 will P/U 8/31/17 Am

BR 8/28/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Agnes MI M Last Name Savon

E-mail Address [redacted]

Mailing Address [redacted]

City Mt. Laurel State NJ Zip 08054

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 Agnes M. Savon 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.

CASE NUMBER (IF AVAILABLE) 2017-19678

My identity has been compromised by theft of my personal information including: my name social security number and date of birth. That information was used in an attempt to get credit from retail merchants. I was notified of these attempts by Synchrony and Comenity Banks. Subsequent to that notification I initiated fraud alerts with the three major bureaus in an effort to block any further attempts to breach my credit information.

I also notified TD Bank and filed the subject report with the Mount Laurel Police Department. The credit bureaus requested a copy of the Police report for their records.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	15⁴
Total Pages	3	Balance Paid	

Request Received by: SM Date: 8/28/17

SM 8/31/17
Request Filled By DATE

N

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Allison MI _____ Last Name Waseleski

E-mail Address _____

Mailing Address _____

City Mount Laurel State NJ Zip 08054

Telephone _____ FAX _____

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

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

Signature Allison Waseleski 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 NUMBER (IF AVAILABLE) 2017-16659

Agency Use Only

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Request Received by: BR Date: 8/28

BR
Request Filled By

8/28
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kevin MI S Last Name Haran

E-mail Address

Mailing Address

City Hainesport State NJ Zip 08036

Telephone 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 Kevin S. Haran Date 08/28/2017

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.

CASE NUMBER (IF AVAILABLE) 2017-19490

I am a Security Consultant for Parker McCay P.A. 9000 Midlantic Drive, Mount Laurel. There was an incident at our building involving a former employee that required a law enforcement response to the building. I understand that officers also responded to the (Mount Laurel) residence of the former employee and would respectfully request all written re[ports related to this matter. Thank you in advance for your assistance in this matter.

Agency Use Only

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

Request Received by: Sm Date: 8/28/17

Sm
Request Filled By

8/29/17
DATE

8/29/17 E-mailed Sm

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name April MI J Last Name Dempsey

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature 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.

CASE NUMBER (IF AVAILABLE) 2017-19895

I am requesting a copy of the accident/incident report arising from a motor vehicle accident which occurred on 8/21/17 at the intersection of Midlantic Drive and Route 38 East involving myself and a Jag Deep (spelling possibly incorrect).

Agency Use Only

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

E-Mailed

Request Received by: JM Date: 8/30/17

JM — Request Filled By

8/30/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Regina MI ___ Last Name Marchwinski

E-mail Address [illegible]

Mailing Address [illegible]

City Mt Laurel State NJ Zip 08054

Telephone [illegible] 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.

CASE NUMBER (IF AVAILABLE) 2017-20245

Contractor from neighbor left tons of concrete in front of my home. Would not clean it up.

Agency Use Only

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

Request Received by: BR Date: 8/29/17

BR — Request Filled By

8/29/17 — DATE

mc

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/20/2017

End Date 8/26/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 8/28

BR 9/1 - emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Edward MI J. Last Name O'Brien

E-mail Address

Mailing Address

City MT Laurel State N.J. Zip 08054

Telephone 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 Edward J O'Brien 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.

CASE NUMBER (IF AVAILABLE)

On 8-24-17 got attacked by pit bull around 5:00pm at MT Laurel

2 police offers came.

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due (15)
Balance Paid

Request Received by: BR Date: 8/30/17

BR — Request Filled By
8/30/17 — DATE

Called 8/31 could not leave message

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road Mount Laurel NJ 08054
Phone: (856) 722-7567 Fax: (856) 439-9166
Email: records@mountlaurelpd.org

662663083

300820V87

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 JULIE MI ____ Last Name WYLIE

E-mail Address ____

Mailing Address SOUTHEASTERN, PA 19398

City ____ State ____ Zip ____

Telephone ____ FAX ____

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

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

Signature ____ Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

4/29/17 2017-17012

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 ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Paula MI V Last Name Krafe

E-mail Address [redacted]

Mailing Address [redacted]

City Lumberton State NJ Zip 08048

Telephone [redacted] FAX [redacted]

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

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

Signature Paula T. Krafe Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-10650

Requesting Report for:
Date of Incident: 5/5/17 [illegible] with Officer Valentin [illegible]
[illegible] a copy of the Incident Report filed [illegible]
* I am not requesting the Female Complainant report filed with Officer Valentin on Sunday 5/29/17
Description of Incident: Lewdness + Harassment charges
Against my Neighbor [illegible]
Location of Incident:
[illegible], NJ 08054

Agency Use Only

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

Request Received by: BR Date: 9/5

BR 9/5
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Veronica MI M. Last Name Reeder

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Veronica M. Reeder Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request

Record Request Information:

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

CASE NUMBER (IF AVAILABLE)

On Tuesday, 8/29/17 at approximately 6:33 pm we had an incident at suite #129K Gather Drive, the company name is 3ED, Inc., owner : Police were called to the scene and the tenant was removed in handcuffs

May I please obtain a copy of the police report for our file. I am the VP of Property Management, representing the owner of East Gate I, Inc./Rudner Real Estate the owner of the property.

If you have any questions, please feel free to contact me directly at 302-379-0403

Veronica M. Reeder

Agency Use Only

17-20578

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Request Received by BR Date 9/5

BR Request Filled By 9/5 DATE

Rudner Real Estate Management

C 302-379-0403
O 856-722-

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name David MI S Last Name Foster

E-mail Address [illegible]

Mailing Address [illegible]

City Trenton State NJ Zip 08618

Telephone [illegible] FAX [illegible]

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

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

Signature David S. Foster Date 9/1/17

Payment Information

Maximum Authorization Cost $ 100

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.

Pursuant to OPRA + the common law right of access, I am requesting a copy of all police dashboard camera videos and body camera videos for the complete traffic stop and arrest of [illegible] on April 28, 2017 in Mount Laurel Township.

2017 - 9812

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL POLICE DEPARTMENT

SEP - 5 2017

RECORDS BUREAU

9/6/17 Called / Discs ready for P/U LM/pm

$1.05

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to _____ possible (or) fax to _____

Start Date 8/27/2017

End Date 9/2/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 9/5

BR 9/11

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name TAPAN MI ____ Last Name PANDEY

E-mail Address [redacted] M

Mailing Address [redacted]

City PHILADELPHIA State PA Zip 19123

Telephone (M) [redacted] FAX [redacted]

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 08/31/2017

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.

CASE NUMBER (IF AVAILABLE) 2017 - 19861

I would like report for the above case no. which was registered on August 21. The registration plate / tags for my new car were lost / stolen from my old address!

Mt. Laurel, NJ 08054

Agency Use Only

		Final Cost	
		Total	.15
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	.15

Request Received by: MP Date: 8-31-17

MP Request Filled By

9-8-17 DATE

9/11/17 spoke to Mr. Pandey he will pickup on Wed 9/13 MP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Obie MI C Last Name Ferguson

E-mail Address

Mailing Address [redacted]

City Willingboro State NJ Zip 08046

Telephone ( ) FAX

Preferred Delivery: Pick Up Y 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 Obie Ferguson Date 9/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

(My brother use my Name on Application for a credit Card

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	2	Balance Paid	

Request Received by: SM Date: 9/2/17

SM 9/7/17
Request Filled By DATE

K
9/11/17 LM - Rpts ready for P/U pm
9/13 picked up

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to (_ f possible (or) fax to

Start Date 9/3/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

9/12 BR

9/15 BR - emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Mary Ann MI ____ Last Name Smith

E-mail Address [redacted]

Mailing Address [redacted]

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] ~~Fax~~ Cell#

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

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

Signature Mary Ann Smith Date ____

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 NUMBER (IF AVAILABLE) 2017-20828

On Friday, ~~Aug~~ September 1, 2017, I found out that someone used my information to open a Verizon account in Philadelphia. This information came to light when TD Bank informed me that there was a delyquent account in Philadelphia, PA for $1079.00 in Glenwood ave. I have lived at my current address for 24 years. I have never lived on Glenwood Ave in Philadelphia and I don't know anyone on that street.

Agency Use Only

		Final Cost	
		Total	.10
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	.10

Request Received by: MP Date: 9-5-17

MP 9-11-17
Request Filled By DATE

9/12/17 - she will pickup on 9/13/17. MP

MP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Helen MI ____ Last Name Romano

E-mail Address [redacted]

Mailing Address [redacted]

City Mt Laurel State NJ Zip 08054

Telephone [redacted] 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 Helen Romano Date 9/4/17

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 NUMBER (IF AVAILABLE) 2017-13405, 2017-19516

All reports pertaining to above mentioned complaints and any additional records from other officers.

Court Claim S 2017 000648

involving.

17-19691

Agency Use Only

		Total	Final Cost
Rec'd Date		Deposit	
Ready Date		Balance Due	$1.00
Total Pages	10	Balance Paid	

Request Received by: Am Date: 9/7/17

Am 9/7/17

Request Filled By DATE

9/11/17 Rpts Ready for P/u Am

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Nancy MI L Last Name DeAngelis

E-mail Address [redacted]

Mailing Address [redacted]

City Shamong State NJ Zip 08088

Telephone [redacted] FAX [redacted]

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 Nancy L DeAngelis Date 9-7-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-18648

August 6th, Hotel ML in Mt. Laurel. Theft of diamond necklace diamond Tennis bracelet and diamond earrings from bridal Suite. I would like the report. Thank you.

Agency Use Only

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

Request Received by: Sm Date: 9/7/17

Sm 9/7/17
Request Filled By DATE

9/8/17 E-Mailed Sm

HALTAWAY

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Information – Please Print

First Name Rason MI T Last Name Campbell

E-mail Address

Mailing Address

City Sicklerville State Nj Zip 08081

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 Reason T campbell Date

Payment Infor

Maximum Authorization Cos

Select Payment

Cash Check M

Fees: Letter size pag per page
Legal size pag per page
Other materia etc) – actual c

Delivery: Delivery / pos additional dep delivery type.

Extras: Special servic dependent up

equest Information: Please be as specific as possible in describing the records being requested. Also, pleas preferred method of delivery will only be accommodated if the custodian has the technological means and the i ls will not be jeopardized by such method of delivery.

:R (IF AVAILABLE)

Agency Use Only

11-13381

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name MARK MI L. Last Name Fazlollah

E-mail Address

Mailing Address

City Philadelphia State PA Zip 19107

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 [signature] Date 3/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request

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

I seek any incident reports from the Jan. 11, 2017 police response calls for assistance from the Mount Laurel Center for Rehabilitation and Health Care, which previously was known as Innova Health and Rehabilitation and currently is operating under the name of Laurel Brook Rehabilitation.

I also seek a list of all calls to police from the addresses of Mount Laurel Center between 12/30/2016 and Jan. 10, 2017 and the stated reason for those calls. The Mount Laurel Center has used the addresses of 3706, 3710, 3716 and 3718 Church Road, Mount Laurel.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

[signature]

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jonathan MI L Last Name Tillotson

E-mail Address [redacted]

Mailing Address [redacted]

City Cherry Hill State NJ Zip 08002

Telephone [redacted] FAX [redacted]

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

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 Jonathan Tillotson Date 9/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 16452

There was an incident between myself and my Ex wife, it occurred between August 2013 and January 2014 I believe. It occurred at [redacted] Mount Laurel, NJ 08054

I respectfully request a copy of the incident report.

The incident involved my ex cursing at me while I had my son, and failing to leave the room when I asked her to as she refused to stop using foul language around him.

Agency Use Only

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

Request Received by: pp Date: 9-12-17

Request Filled By pp DATE 9-13-17

mailed on 9/14/17 pp
LG

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Sabrina MI L Last Name Golphin

E-mail Address [redacted]

Mailing Address [redacted]

City Wilmington State Delaware Zip 19803

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 09/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)_____

Hi, I am looking for a police report created on 02/16/2016 for an incident that happened at TD Bank at 306 Marter Ave. Moorestown, NJ 08057. The incident involved: Assistant Branch Manager, [redacted], customer [redacted]). TD Bank employee [redacted] Assistant Branch Manager, [redacted] asked the reporting officer to not make a report of the incident. Thus, there may not be one on file. However, if there is, I would like to be provided with a copy via email: [redacted]. Thank you.

Agency Use Only

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Matthew MI Last Name Shralow

E-MAIL ADDRESS

MAILING ADDRESS

CITY NJ State 08053 Zip

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 Laurie Shralow Date 9-12-17

PAYMENT INFORMATION

Maximum Authorization Cost $

SELECT PAYMENT METHOD

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 21380

My son, Matthew Shralow, was involved in an incident at Miller's Ale House on 9-9-17. I am requesting records because it was My vehicle that was damaged. Please let me know if you have any questions.

Laurie Shralow Mr

BR 9/12 BR 9/14

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Renee MI ____ Last Name Reilly

E-mail Address ____

Mailing Address ____

City Mt. Laurel State NJ Zip 08054

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 Renee Reilly Date 9-12-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-21355

I am requesting police report from 9/8/17.
as soon as possible.

Thanks,
Renee Reilly
(Voicemail)

Agency Use Only

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

Request Received by: NP Date: 9-12-17

NO 9-12-17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Karen ~~Wright~~ MI L Last Name Wright

E-mail Address [redacted]

Mailing Address [redacted]

City Mt Laurel State NJ Zip 08054

Telephone [redacted] 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 Karen Wright Date 9/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 NUMBER (IF AVAILABLE)____

my debit card # was stolen & a fake card was used at Laurel Liquors.
I was in possession of my card.
August 2017 $185 XX 8:07 PM

Checked ID at drop-off; can report be e-mailed?
Yes M

Agency Use Only

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

Request Received by: BR Date: 9/14/17

BR Request Filled By

9/14/17 DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Miriam MI _____ Last Name Weiss Esq.

E-mail Address _____

Mailing Address _____

City New Brunswick State NJ Zip 08901

Telephone _____ FAX _____

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

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

Signature _____ Date 9-12-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)_____

Copies of all motor vehicle accident reports from 9-2-17 to 9-9-17

Agency Use Only

Rec'd Date _____
Ready Date _____
Total Pages _____

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

Request Received by:_____ Date:_____

Request Filled By _____ DATE _____

BR- 9/14
BR- 9/15 - emailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Robin MI V Last Name Davis

E-mail Address

Mailing Address

City Colorado Springs State CO Zip 80911

Telephone FAX

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

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

Signature Date 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 201721155

I am requesting a police report filed on 9/6/17. It pertains to possible identity theft committed against me in 2011 while I was living in Mount Laurel. I am still a resident of NJ but am in Colorado due to my husband's military orders. I am requesting that the report be either mailed to me via US Mail or emailed to me at the email provided above. The report number is 201721155 and I filed the report via telephone with Officer Zinger.

Agency Use Only

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Request Received by: Date: 9-13-17

Request Filled By

DATE 9/14/17

Mailed to above address on 9-18-17 pp

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Anna MI M Last Name Loh

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature Anna M. Loh Date September 15, 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.

CASE NUMBER (IF AVAILABLE) 2017-19905

Burglary to ' n on August 21, 2017 at 9:40 a.m.

Agency Use Only

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

Request Received by: BR Date: 9/15

M

emailed 9/18

BR
Request Filled By

9/15
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kerianne MI M Last Name Aub

E-mail Address [redacted]

Mailing Address [redacted]

City Cherry Hill State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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

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

Signature Kerianne Aub Date 9/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2016-30754

On December 29, 2016, I noticed suspicious activity on our business bank account. I contacted our bank and from that we closed and opened a new account. I also went to Mt Laurel Police department to ~~e~~ seek help in determining the suspicious activity. Officer Merlak #165 helped me. ~~For~~ our records - just wanted a final report. Thank you!

Agency Use Only

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

Request Received by: Sm Date: 9/6/17

Sm 9/6/17
Request Filled By DATE

E-Mailed 9/19/17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name: Jason Regli MI: M Last Name: Regli

E-mail Address: [redacted]

Mailing Address: [redacted]

City: Lakewood State: NJ Zip: 08701

Telephone: [redacted] FAX:

Preferred Delivery: Pick Up * US Mail On-Site Inspect Fax E-mail [redacted]

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: Jason Regli Date: 09/18

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 materials

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 NUMBER (IF AVAILABLE) # 201721837

Agency Use Only

Record Date:
Ready Date:
Total Pages:

Final Cost
Total:
Deposit:
Balance Due:
Balance Paid:

Request Received by: BR Date: 9/18/17

BR 9/21/17
Request Filled by DATE

Sent: Thursday, September 21, 2017 2:14 PM
To: Meredith Tomczyk <mtomczyk@mountlaurel.com>
Cc: availableanimalcontrol <availableanimalcontrol@comcast.net>
Subject: OPRA request for Mt. Laurel copy of animal contol contract

Hello Ms. Tomczyk

I would like to put in an OPRA request for a copy of the animal control contract and information relating to the number of animal control service calls and the nature of the calls (eg: running at large, cat trapping, wildlife calls).

Thank you very much

John Micklewright

Available Animal Control

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Metropolitan Reporting Last Name Bureau

E-mail Address _____

Mailing Address _____

City Phila State Pa Zip 19126

Telephone _____ 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 9-20-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)_____

17-18442 Case Pg 1 only

17-19971 MVA

~~17-19044~~

Agency Use Only

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit ~~30~~

Balance Due _____

Balance Paid 25 4

Request Received by: NP Date: 9/20/17

NP
Request Filled By

9/20/17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Philip MI V Last Name Mancini Jr.

E-mail Address

Mailing Address

City MT LAUREL State N.J. Zip 08054

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 Philip Mancini Jr. Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 17-21234

CREDIT FRAUD REPORT. SOMEONE OPENED A WALMART CARD UNDER MY NAME IN POMPANO FL.

I WOULD LIKE THE REPORT.

Agency Use Only

2017-21234

		Final Cost Total	.15
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: MP Date: 9-18-17

MP Request Filled By 9-21-17 DATE

M

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address [redacted]

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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 [signature] Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] possible (or) fax to

Start Date 9/10/2017

End Date 9/16/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

BR 9/19

BR 9/22 - emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Miriam MI _____ Last Name Weiss Esq.

E-mail Address _____ n _____

Mailing Address _____ _____

City New Brunswick State NJ Zip 08901

Telephone _____ _____ FAX _____

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

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

Signature _____ Date 9.20.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)_____

MVA reports 9.10.17 to 9.17.17

Agency Use Only

Rec'd Date _____
Ready Date _____
Total Pages _____

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

Request Received by: BR Date: 9/22/17

BR
Request Filled By

9/22/17 - emailed
DATE

MOUNT LAUREL POLICE DEPARTMENT
SEP 22 2017
RECORDS BUREAU

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jeannette E MI ____ Last Name Gasper

E-mail Address ____

Mailing Address ____

City Mt. Laurel State NJ Zip 08054

Telephone ____ 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 J Gasper Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

Looking to obtain all records involving harassment against [redacted] or incident Reports at [redacted] Mt Laurel. There should be 3 going as far back as 5 yrs ago.

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .65
Deposit ____
Balance Due ____
Balance Paid .65

Request Received by: NP Date: 9-18-17

Request Filled By NP DATE 9-19-17

paid up 9/18/17 NP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name William MI L Last Name Febus

E-mail Address

Mailing Address

City Cherry Hill State NJ Zip 08003

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 [signature] Date 9/21/17

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.

CASE NUMBER (IF AVAILABLE) 2017-21550 refers to this case but may have another case # where Karen Officer Sweely met with. admitted that she deposited my paychecks from Cooper Health System. Karen stated her attorney ~~inform~~ instructed her to deposit the paychecks. If you have any other questions please, call me at [redacted].

Agency Use Only

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

Request Received by: BR Date: 9/21/17

BR — Request Filled By

9/21/17 — DATE

emailed 9/26

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name HENRY MI ____ Last Name SODEK (D.O.)

E-mail Address [redacted]

Mailing Address [redacted]

City BARRINGTON State NJ Zip 08007

Cell #

Telephone ([redacted] FAX ([redacted]

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 Dr. Henry Sodek, D.O. Date 9/22/2017

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.

CASE NUMBER (IF AVAILABLE) 2017 21837

ON OR ABOUT 9-11-17 MY PATIENT: [redacted] FILED A POLICE REPORT WITH OFFICER KREMER (BADGE #156) OF MLPD CLAIMING THAT HIS MEDICINES (CONTROLLED MEDS) WERE TAKEN AND STOLEN FROM A LOCKED SAFE AT HIS MOTHER'S MT. LAUREL HOME.

I'M REQUESTING A COPY OF THIS REPORT BE FAXED TO ME AT [redacted] FOR MY PATIENT FILE.

THANK YOU, Dr. H. Sodek

Agency Use Only

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

Request Received by: AP Date: 9-22-17

AP 9-22-17
Request Filled By DATE

faxed on 9/26/17 AP.

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org
npiazza@mountlaurelpd.org

Requestor Information – Please Print

First Name Tre MI Last Name Bell
on behalf of Summit Amendments
E-mail Address [redacted]
Mailing Address [redacted]
City Mt. Laurel State NJ Zip 08054
Telephone [redacted] 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 Tre Bell Date 9/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

Do not have exact date - The following could have happened between 8/2 and 8/9/17:
-, Called the police on Apt.
due to noise disturbance/Party after 10-11 pm.

Agency Use Only

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

emailed on 9/26/17 NP

Request Received by: NP Date: 9/25/17

NP 9/25/17
Request Filled By DATE

H

BR 9/2

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name MICHAEL MI J Last Name WORTH

E-mail Address [illegible]

Mailing Address [illegible]

City Mtlaurel State NJ Zip 0854

Telephone _____ 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 [signature] Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 NUMBER (IF AVAILABLE) unknown

within last 6 months or so complained to a Mt Laurel Police officer (name unknown) that I Michael J. WORTH was paying someone to follow him. I was telephonically interviewed by Policeoffcr. Address is . I would like a copy of the report

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	10⁴
Total Pages	2	Balance Paid	

9/28/17 called - Rpt Ready for P/U

Request Received by: Sm Date: 9/26/17

Sm 9/26/17
Request Filled By DATE

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to

Start Date 9/17/2017

End Date 9/23/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 9/25

BR 9/29-emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Nicole MI A Last Name Fisher

E-mail Address [redacted]

Mailing Address [redacted]

City Southampton State NJ Zip 08088

Telephone [redacted] FAX [redacted]

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

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

Signature Nicole Fisher Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-05543

On March 7, 2017, my sons ( ) ipad was stolen from the McDonalds on 3049 Rt 38. I would like any information regarding this issue ~~such as court dates etc~~, mailed to me.

Thank You, Nicole Fisher

Agency Use Only

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

Request Received by: Sm Date: 9/27/17

Sm 9/27/17
Request Filled By DATE

9/28/17 Mailed

ME

spoke w/ requestor on 9/25/17 who explained they want video, complaint, MVA

Michael Cresong 2017-9812

From: Meredith Tomczyk
Sent: Tuesday, September 19, 2017 2:34 PM
To: Michael Cresong
Cc: Stephen Riedener
Subject: FW: Opra Request 9/19/17

MOUNT LAUREL POLICE DEPARTMENT

SEP 21 2017

RECORDS BUREAU

Thank you,

Meredith Tomczyk, RMC & CMFO
Township Clerk/Certified Municipal Finance Officer
100 Mount Laurel Road
Mount Laurel NJ 08054
856.234.0001 ext 1233
856.234.8240 fax

9/26/17 Sgt Cresong e-mailed Summons + MVA - directed MR/Melegari Discs are ready for P/U

From: [redacted]
Sent: Tuesday, September 19, 2017 2:36 PM
To: Meredith Tomczyk
Subject: Opra Request 9/19/17

Dear Mount Laurel Township,

9/29/17 Picked up 3 Discs $1.05 pd. Jm

Per the state's GRC, an email is acceptable for making a valid OPRA request.

Please accept this e-mail as my request under the Open Public Records Act (OPRA) and the common law right of access.

Background:

Assemblywoman [redacted] of Medford was arrested for DWI and obstruction of the law by Mount Laurel Police on April 28 at approximately 3 a.m.

Records Requested:

1. Body-camera footage showing the entire incident of Assemblywoman [redacted], of Medford being questioned and arrested by Mount Laurel Police on April 28 at approximately 3 a.m. (previously provided to another newspaper)

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CHAD MI L Last Name BLEITENFELD

E-mail Address [redacted]

Mailing Address [redacted]

City MOUNT LAUREL State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9.25.17

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.

CASE NUMBER (IF AVAILABLE) 2017-21483

SEE ATTACHED - BACK

E:

E:

Agency Use Only

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

Request Received by: AP Date: 9-26-17

AP 9/26/17
Request Filled By DATE

Emailed on 9/26/17 AP

M

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
SEP 27 2017
By

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 Tara MI L. Last Name Magitz

E-mail Address

Mailing Address

City Atco State N.J. Zip 08004

Telephone FAX

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

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

Signature Date 9/26/2017

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.

Please provide any complaints, investigations, and status of investigations (if any) in reference to any animals regarding any incident, ie. bites, scratches etc. that has caused bodily injury to any persons or animals located at:
House Paws

Mt. Laurel, NJ 08054

5years

2012-2017

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

BR 9/28

BR 9/28

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Megan MI M Last Name Copeland

E-mail Address [redacted]

Mailing Address [redacted]

City Cherry Hill State NJ Zip 08002

Telephone [redacted] FAX [redacted]

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 Megan Copeland Date 5.26.17

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.

CASE NUMBER (IF AVAILABLE) 2017-10707

Work incident, boss got physical with me, I need the report

Agency Use Only

		Final Cost	
		Total	.10
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: BH Date: 5/26/17

BH — Request Filled By

5/26/17 — DATE

9/28/17 Could not reach Ms Copeland
Did Not P/u Rpt.
pl
Am

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Susan MI F Last Name Label

E-mail Address [redacted]

Mailing Address [redacted]

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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 Susan Label Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

Police report for incident* 7/15/17 (called 911 for help) and 7/27/17 (called to my home w/ ambulance

*gave Rpt on 7/21/17

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	20¢
Total Pages	4	Balance Paid	

Request Received by: sm Date: 8/31/17

sm — Request Filled By

8/31/17 — DATE

9/6/17 Called - Rpts Ready for P/U / sm

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name KALPANA MI ____ Last Name VIJAYAMADHAVAN

E-mail Address [redacted]

Mailing Address [redacted]

City MOUNT LAUREL State NJ Zip 08054

Telephone [redacted] 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 [redacted] Date 09/07/17

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 NUMBER (IF AVAILABLE) ____

My husband was in a delusional state and still wanted to drive the car. Was very concerned about his state and refused to let him go. Since he was not listening I called the cops for help.

2017-20685

9/11 called, disconnected before message could be left
pr

Called 9/11 @ 1pm, left message
9/28/17 Called - asked to have it E-Mailed
dm

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	.15
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: BR Date: 9/7/17

BR — Request Filled By

9/7/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Dexter MI ____ Last Name Stevenson

E-mail Address [redacted]

Mailing Address [redacted]

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] FAX ____

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

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

Signature Dexter Stevenson Date 9.19.17

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.

CASE NUMBER (IF AVAILABLE) 17-21083 & 2017-20925

I need to obtain a copy of this report dated 9.3.17. Call arrived from motel employee, mike at the Knights Inn motel @ 1104 Rt 73 N, mt. laurel NJ 08054 Possible call of disturbance on ym: D. Stevenson

Thank you.

Agency Use Only

		Final Cost	
		Total	4
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Request Received by: MP Date: 9-20-17

MP 9-20-17
Request Filled By DATE

Mailed on 9-21-17 MP

Mailed 2nd Report on 9/28/17 MP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Emily MI A Last Name Wallace

E-mail Address [redacted]

Mailing Address [redacted]

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] 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 [signature] Date 9.28.207

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 NUMBER (IF AVAILABLE) ____

* Incident on 9/20/17 between myself and canine that resides at [redacted]
* previous incidents involving the canine that resides at [redacted]

[signature] #100

Agency Use Only

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

Request Received by: BR Date: 9/28

BR — Request Filled By

9/28 — DATE

#2368

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lauren MI A Last Name McDermott

E-mail Address [redacted]

Mailing Address [redacted]

City Mount Laurel State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9/25/17

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.

CASE NUMBER (IF AVAILABLE) 2017-22027

Requesting report for 9/16/17 at Mt. Laurel, NJ 08054 for Harassment + Criminal Mischief by

Agency Use Only

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

Request Received by: Sm Date: 9/26/17

Sm — Request Filled By

9/28/17 — DATE

9/29/17 E-Mailed Atty

M

records request

RECORDS REQ FORM (08-14-13) OPRA.doc — Open in browser tab — Hide Ad

Brittany Rydel

To glo06@comcast.net

1 attachment View Opt

RECORDS REQ FORM...13) OP

Good morning:

I have attached the records rec
can email or fax the form back

Brittany Rydel
Records Clerk
Mount Laurel Police Departm
100 Mount Laurel Road
Mount Laurel, NJ 08054
www.mountlaurelpd.org
Phone: (856)-234-1414
Fax: (856)-439-9166
Email: brydel@mountlaurel

Details
Name
Size
Modifie

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Gloria MI A Last Name Scavetti

Email Address

Mailing Address

City Northfield State NJ Zip 08225

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 Gloria Scavetti Date Sept. 28, 17

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 NUMBER (IF AVAILABLE): ____

To whom it may concern,
My name is Gloria Scavetti. I would like the records of my brother Richard Scavetti
His address is-
Mount Laurel, NJ 08054

Agency Use Only

Sadly to say that on July 27, 2017 he was found @ his home, with cause of death being ruled a Suicide.

Please mail to -

Gloria Scavetti
Northfield, NJ 08225

Thank you,

MOUNT LAUREL POLICE DEPARTMENT
SEP 29 2017
RECORDS BUREAU

Received: sm 9/29/17
Filled: sm 9/29/17
Mailed 10/2/17 sm

Ad Info (//my.xfinity.com/adinformation/) Ad Feedback (//ips-invite.iperceptions.com/webValidat sdfc=355b756d-124254-c733c77b-141a-42d7-be9f-2e52b426622b&IID=1&source=102_1_216771_GiftConnect_201709a-201712a_MAI_300_NATL&hv2=cre

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Paul MI C Last Name Rochford

E-mail Address

Mailing Address

City Linwood State NJ Zip 08221

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 Paul Rochford Date 09/28/2017

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.

I am including the criminal complaint information and dates to aid you in locating my record

Arrest #1: **Sept. 11, 2011** 2011 - 20565

Arrest (hindering), 4:53 a.m. — Police arrested _____, **18, of the Linwood,** after he provided false information to police investigating a suspicious vehicle in the area of the 200 block of Larchmont Boulevard. He was released pending a municipal court hearing.

Arrest #2: **Dec. 10, 2011** 2011 - 27880

Arrest (underage intoxication), 2:26 a.m. — Police arrested _____ **9, of** the _____ subsequent to a suspicious person investigation in the area of the 1700 block of Wharton Road. He was charged with underage intoxication and released pending a municipal court hearing.

I am including the following personal information to aid you in locating my record.

My Name: I
Birth Date:
Social Security Number:
Race: White
Sex: Male
My address is: Linwood, New Jersey 08221

My phone number is in case you have any questions.

Thank you for your prompt attention to this matter.

M

Agency Use Only

Received JM 9/29/17
Filled JM 9/29/17
10/2/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Nacucchio

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

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 Barbara Nacucchio Date 9/21/17

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.

CASE NUMBER (IF AVAILABLE) 2017-19273

Requesting report for home was egged. 8/15/17 taken over

Agency Use Only

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

9/28/17 LM

Request Received by: Sm Date: 9/21/17

Sm 9/27/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss Esq.

E-mail Address ____

Mailing Address ____

City New Brunswick State NJ Zip 08901

Telephone ____ FAX ____

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

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

Signature ____ Date 9.27.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)____

MVA report from 9.18.17 to 9.25.17

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

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

Request Received by: BR Date: 9/29

BR — Request Filled By

10/2 - emailed — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Joseph MI ____ Last Name Brandt

E-mail Address ____

Mailing Address ____

City Mullica Hill State NJ Zip 08062

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 Joseph Brandt Date 9-18-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

I am a reporter for NJ.com seeking police report for 4/28/17 incident on Route 73 about 3a.m. was arrested after a traffic stop/car crash.

I am also seeking body camera footage of this incident which was provided to The Trentonian previously.

I would prefer to receive these records electronically. Please feel free to contact me with questions about my request.

17-9812

Agency Use Only

Rec'd Date ____ Final Cost
Ready Date ____ Total ____
Total Pages 1+3 discs Deposit ____
Balance Due $1.10
Balance Paid ____

Request Received by: BR Date: 9/19

MC 9/21/17

9/21/17 E-Mailed Jos. Brndt to sched P/u of Discs (3) + Pg 1 Case Rpt. Am
9/28/17 will have someone p/u - Am
10/2/17 Representative P/u - Am

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Metropolitan MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City Phila. State Pa Zip 19105

Telephone _____ 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 Patricia Smith Date 10-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) _____

2017 - 19044 Incident
2017 - 21089 Case (pg 1 only)
2017 - 21612 " "
2017 - 22605 " "
2017 - 22507 Incident

Agency Use Only

Rec'd Date _____
Ready Date _____
Total Pages 6

Final Cost
Total 30
Deposit _____
Balance Due _____
Balance Paid 30 ✓

Request Received by: Sm Date: 10/2/17

Picked up 10/3/17 sm

Sm 10/2/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jennifer MI M Last Name Posluszny

E-mail Address

Mailing Address

City Maple Shade State NJ Zip 08052

Telephone AX n/a

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 Jennifer Posluszny 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.

CASE NUMBER (IF AVAILABLE) 2017-22408

Incident at Holman Toyota in service dept 9/21/17

Agency Use Only

Rec'd Date 10/2
Ready Date 10/2
Total Pages 2

Final Cost
Total
Deposit
Balance Due -10
Balance Paid

Request Received by: BR Date: 10/2/17

BR Request Filled By

10/2/17 DATE

called 10/3 and lvm

m

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CHARANJIT MI ____ Last Name SINGH

E-mail Address ____

Mailing Address [redacted]

City MT. LAUREL State NJ Zip 08054

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 [redacted] Date 9/28/17

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 NUMBER (IF AVAILABLE) ____

9 move in MOUNT LAUREL about Five and half Year ago. 9 think 9 lost my one Box when 9 move in. and think my INDIAN PASSPORT was in that Box. So 9 want to make a report for lost ITEM

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	10
Total Pages		Balance Paid	

Request Received by: BR Date: 9/28

BR 9/28
Request Filled By DATE

M
Called 9/29 and left message

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] f possible (or) fax to [redacted]

Start Date 9/24/2017

End Date 9/30/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 10/2/17

Custodian Signature

10/6/17

Date

emailed 10/6

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CRAIG MI A Last Name JACKSON

E-mail Address

Mailing Address

City GRAPEVINE State TEXAS Zip 76051

Telephone FAX

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

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

Signature Date September 26, 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.

CASE NUMBER (IF AVAILABLE) All attached

The following records related to of Euless, DOB .

Records related to March 9, 2016, 3:39 p.m. arrest for DWI near Albridge Way and Forest Lake Drive. 5377
Records related to charges stemming from March 9 arrest.
Records that reflect disposition (i.e., conviction, acquittal, dismissal, etc) of charges stemming from March 9 arrest.

Any other records relating to other arrests of .

Records related to disturbances, welfare checks, arrests, complaints, or other events requiring police involvement at . Mount Laurel, New Jersey 08054.

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Request Received by AP Date 9-26-17

Request Filled By AP DATE 9-27-17

Mailed on 10/2/17 AP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Darnell MI C Last Name Lewis

E-mail Address

Mailing Address

City Mount Laur State NJ Zip 08054

Telephone FAX

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

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

Signature _____ Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-22148

I would like to seek my of $500.00
It was stolen from me in my House
when I was ~~free~~ sleep and the he took my car
and my watch

Agency Use Only

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

Request Received by: AP Date: 9-21-17

AP 9-26-17
Request Filled By: DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Sherri MI ____ Last Name Gordon

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08057

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 10/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) ____

Police Report for
1. Possible Theft at facility on 9/22/17. at the YMCA Mt Laurel
2. Altercation with Member & Staff of 9/25/17. at the YMCA Mt. Laurel.

17-22839

17-22553 **Agency Use Only**

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

Request Received by: BR Date: 10/3/17

emailed 10/3

BR — Request Filled By

10/3/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name JENSIE MI ____ Last Name GALLOWAY

E-mail Address [redacted]

Mailing Address ____

City Brooklyn State N.Y. Zip 11205

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 Jensie Galloway Date 9/1/2017.

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.

CASE NUMBER (IF AVAILABLE) 2017-19-698

On Aug. 19 2017 a dispute between my great nephew who lives with me in Brooklyn, N.Y. was involved in a dispute with a grown man * my nephew is 15 years old - I work for N.Y.P.D. and he's in the Auxiliary Police Program which I told P.O. Grossmick #159 who heard testimony from people at Funplex that this grown man hit DeMauri Marshall on in his head. If you need further info pls. call me at [redacted]. Thank you, Jensie Galloway.

Agency Use Only

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

Request Received by: AP Date: 10-3-17

Sent by US mail on 10/3/17 AP

Request Filled by AP Date 10-3-17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Catherine MI A Last Name Gallagher / Twitty

E-mail Address N/A

Mailing Address _____

City Mt Laurel State NJ Zip 08054

Telephone _____ 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 10-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) _____

year is 2015 between April + Aug was a break in to my home. by a - need what he was charged with, police report, and recordings of him threating to kill me and his daughter

Agency Use Only

		Final Cost Total	.25
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	5	Balance Paid	

Request Received by: BR Date: 10/3

BR — Request Filled By

10/3 — DATE

15-19602

Called 10/4 & spoke to Catherine who will pick up 10/5

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Emily MI A Last Name Wallace

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

Telepho[illegible] FAX

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

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

Signature Ewallace Date 10.03.17

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 NUMBER (IF AVAILABLE)____

I would like a copy of the 2016 incident report about the canine that resides at [redacted], Mt. Laurel, NJ owned (owned by [redacted]

Thank you.

[redacted] #100
10/04/2017

Agency Use Only

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

Request Received by: BR Date: 10/4/17

emailed to DC Schiavone 10/4

BR 10/4/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jason MI A Last Name Buggie

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

Telephone 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 29 Sept 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 NUMBER (IF AVAILABLE)

On 25 Sept I filed a report about fraud on my bank card. There was approx in theft The bank told me it was nessciary until they closed the account then I needed one.
I would like the report,

Agency Use Only

2017-2273

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	15⁴
Total Pages	3	Balance Paid	

10/6/17 LM-

Request Received by: Sm Date: 9/29/17

Sm 10/6/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Roberto MI _____ Last Name Santaliz

E-mail Address [redacted]

Mailing Address _____ [redacted]

City Mount Laurel State NJ Zip 08054

Telephor [redacted] 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 R. Santaliz Date 10-5-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-22640

I ~~would~~ would like the report of the case # abov

~~Copy of IR~~

Need pics to be send to court

~~Need copy of pic~~

Agency Use Only

Rec'd Date _____ Total _____ Final Cost 35

Ready Date _____ Deposit _____

Total Pages _____ Balance Due _____

Balance Paid _____

picked up 10/10/17 ap

Request Received by: ap Date: 10-5-17

AP 10-5-17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name MARTIN MI T. Last Name Muller Jr.

E-mail Address

Mailing Address

City Levittown State PA. Zip 19056

Telephone FAX

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

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

Signature M.T.Muller Jr. Date

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 NUMBER (IF AVAILABLE) 2017-01184

Police report from winter of 2017 @ the Radeway Inn in Mt. Laurel N.J. I was victim of Assault by my then gf. I have been assaulted by her several times since, and am trying to get a P.F.A. against her. She has filed false charges on me several times & then recanted her statement. I am currently incarcerated ~~at~~ in Bucks Co Cor Fac. because of her lies & my prior record. But in 45yrs I NEVER had a domestic charge. Now I've had 2 from her in less than 3 months. Please help. T.Y. Respectfully M.T.Muller Jr. -U.S.M.C.-

Agency Use Only

Rec'd Date ____ Ready Date ____ Total Pages ____

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

Request Received by: BR Date: 10/6

BR Request Filled By 10/6 DATE

17-1191
emailed 10/6

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Nicholas MI A Last Name Coleman

E-mail Address

Mailing Address

City North Wales State PA Zip 19454

Telephone FAX

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

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

Signature [signature] Date 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.

CASE NUMBER (IF AVAILABLE) 2014-22522

Police Report regarding the assault of an unknown individual by [redacted] at Life Choice Hospice on or around 01/06/2015.

(Trujillo)

Agency Use Only

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

Request Received by: NP Date: 10-4-17

NP Request Filled By

10-4-17 DATE

Mailed on 10-6-17 NP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Mark MI A Last Name Castellano

E-mail Address [redacted]

Mailing Address [redacted]

City Mt Laurel State NJ Zip 08054

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 10/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017 23571 WOULD LIKE Copy of Report

Person seen reading substance on ground

Agency Use Only

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

Request Received by: AP Date: 10-5-17

AP 10-5-17
Request Filled By DATE

Mailed 10/6/17 AP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Chelsea MI I Last Name Matthews

E-mail Address _____

Mailing Address _____

City Berlin State NJ Zip 08009

Telephone _____ FAX _____

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

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

Signature Chelsea Matthews Date 10/03/2017

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.

CASE NUMBER (IF AVAILABLE) _____

When my daughter didn't come home on Monday 10/2/2017 at 6PM per our court order. I was advised by the Pine Hill Police Department to have a Mt,Laurel Police escort to obtain my daughter)16) from her father 2). He refused to bring her home at our court agreed time on Monday at 6 PM. Myself and e had a verbal agreement regarding the transportation of our child. Our verbal agreement stated that he would pick up and drop off to comply with our court ordered times. After a Pine Hill officer tried to make contact with e, I then went to the Mt.Laurel station to have their assistance to pick up my daughter. With the help of the two officers I got my daughter. I would like a copy of this police record for my documents and to have for our upcoming court hearings. Thank you for your time.

Agency Use Only

2017-23449

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

Request Received by: SM Date: 10/5/17

SM 10/5/17
Request Filled By DATE

10/6/17 Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lyford MI M Last Name MOORE

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

Telephone X

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 _____

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 NUMBER (IF AVAILABLE) 2017-21636

police responded to a fire in the parking lot of the Aloft Hotel on Fellowship Road.

Agency Use Only

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

Request Received by: SM Date: 10/5/17

10/6/17 E-mailed

SM
Request Filled By

10/6/17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Mary Ann MI ____ Last Name Smith

E-mail Address ____

Mailing Address ____

City Mt. Laurel State NJ Zip 08054

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 Mary Ann Smith Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-20828

I am requesting the amended copy of Report #2017-20828. Last week, I spoke with officer Harty #131 about corrections that needed to made to the report. (See attached letter).

Agency Use Only

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

Request Received by: Sm Date: 9/26/17

Sm 10/3/17
Request Filled By DATE

10/6/17 Called - Ltr Ready for P/u LM on cell
Picked up

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss Esq.

E-mail Address ____

Mailing Address ____

City New Brunswick State NJ Zip 08901

Telephone ____ FAX ____

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

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

Signature ____ Date 10-4-17

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 NUMBER (IF AVAILABLE)____

MVA reports from 9.26.17 to 10.3.17

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

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

Request Received by: BR Date: 10/6/17

BR — Request Filled By
10/10/17 — DATE

emailed 10/10

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name GLEN MI ____ Last Name McCRUM

E-mail Address ____

Mailing Address ____

City Browns Mills State NJ Zip 08015

Telephone ____ FAX ____

Preferred Delivery: Pick Up Y 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 Glen McCrum 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.

CASE NUMBER (IF AVAILABLE)____

I would like a copy of the Police report and any other information about an incident I Glen McCrum had with ... 3-24-17 at Productive Plastics.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	.05
Total Pages	1	Balance Paid	

Request Received by: BR Date: 10/6/17

BR Request Filled By — 10/6/17 DATE

ML

called 10/13, spoke to Glen who will pick up today

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address [redacted]

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email [redacted] if possible (or) fax to [redacted]

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

BR 10/11

BR 10/13 - emailed

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Michelle MI K Last Name Rufino

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

Telephone

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.

CASE NUMBER (IF AVAILABLE)

Requesting police report from 9/28/17 from an incident I received a call from MLPD about my kids getting their Backpacks from their fathers house that morning. My name is in the report.

Agency Use Only

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

Request Received by: [signature] Date: 10/10/17

[signature] 10/11/17
Request Filled By DATE

17-23019

10/13/17 LM - Rpt E-Mailed
pc

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Dexter MI ____ Last Name Stevenson

E-mail Address [redacted]

Mailing Address [redacted]

City Westampton State NJ Zip 08060

Telephone [redacted] FAX ____

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

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

Signature [redacted] Date 10.5.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-22511 / 2017-23042 / 2017-22627 / ~~Unknown~~

Case # listed above involve unlawful harassment w/ police action while attempting to collect a debt. Dates are ~~9.23.17~~ 9.22.17 by Kristy King, 9.23.17 I spoke w/ police /

~~10.31.17.~~ Police called to Knights Inn, approx. 10 pm re disturbance on property. Room [redacted] no individuals interviewed by police

8/31/17 - unable to locate.

1104 Rt. 38

Agency Use Only

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

Request Received by: AP Date: 10-5-17

AP 10-6-17
Request Filled By DATE

Emailed on 10/13/17. AP

M

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Miriam MI ____ Last Name Weiss Esq.

E-mail Address [redacted]

Mailing Address [redacted]

City New Brunswick State NJ Zip 08901

Telephone [redacted] FAX [redacted]

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

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

Signature [redacted] 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.

CASE NUMBER (IF AVAILABLE)____

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

Agency Use Only

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

Request Received by: BR Date: 10/13

BR — Request Filled By

10/16 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Stuart MI A Last Name NEILL

E-mail Address

Mailing Address

City Miami State FL Zip 33156

Telepl

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

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

Signature ____ 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.

CASE NUMBER (IF AVAILABLE) N/A 17-23487

On the morning of Tuesday Oct. 03, 2017, while walking in the Centerton Square Shopping Center I was stopped and question by two(2) Mt. Laurel Police Officers ss to My business in the parking lot. One officer gave his name C. Jones The other officer did not ~~read~~ provide his name.

Agency Use Only

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

Request Received by: AP Date: 10-12-17

AP 10-16-17
Request Filled By DATE

Out mail 10-19-17 AP

MOUNT LAUREL TOWNSHIP

NEW PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
OCT 12 2017
BY

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 IRENE MI ____ Last Name REINBOLD

E-mail Address [redacted]

Mailing Address [redacted]

City LONG BRANCH State NJ Zip 07740

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or 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 Irene Reinbold Date 10/12/2017

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.

PLEASE PROVIDE ANY AND ALL POLICE RECORDS (CAD LOGS, DISPATCH LOGS, ARREST RECORDS) FOR INCIDENTS INVOLVING:

CASE NUMBER: 90001078 – 04/17/1990
CASE NUMBER: 9100 2857 – 10/10/1991

THANK YOU.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL POLICE DEPARTMENT

OCT 13 2017

CHIEF OF POLICE

NJSP case
Spoke to Irene who will fax request to them 10/16

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kurt MI P Last Name Hogan

E-mail Address

Mailing Address

City Trenton State NJ Zip 08505

Telephone FAX

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

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

Signature Kurt Hogan 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.

CASE NUMBER (IF AVAILABLE) 2017-23906

Person was digging over top of sunoco pipeline off creek rd.

Agency Use Only

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

Request Received by: BR Date: 10/16

BR — Request Filled By

10/18 — DATE

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [illegible]om if possible (or) fa

Start Date 10/8/2017

End Date 10/14/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 10/16

BR 10/20

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CAMILLE MI N Last Name ROWE

E-mail Address [redacted]

Mailing Address [redacted]

City PHILADELPHIA State PA Zip 19114

Telephone [redacted] X [redacted]

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 [redacted] 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.

CASE NUMBER (IF AVAILABLE) ____

PERSON WHO FILED: [redacted]

POSSIBLE DATES: 8/19, 8/20, 9/29, 9/30

AGAINST: MYSELF [redacted]

Agency Use Only

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

Request Received by: BR Date: 10/18

BR — Request Filled By

10/18 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Joseph MI J Last Name Fratantoro

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 [signature] Date 10/18/2017

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.

CASE NUMBER (IF AVAILABLE) 2017-23677

on file - I don't have the number with me. Identity theft reported. Officer came to my house on 2 occasions. I need report to send to the banks

#132 16A, 6A

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 15
Deposit ____
Balance Due ____
Balance Paid ____

Request Received by: AP Date: 10-18-17

Request Filled By AP DATE 10-18-17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

(856) 234-8320

Requestor Information – Please Print

First Name Jennifer MI M Last Name Posluszny

E-mail Address

Mailing Address

City Maple Shade State NJ Zip 08052

Telephone) FAX n/a

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 Jennifer Posluszny 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.

CASE NUMBER (IF AVAILABLE) 2017-22488

Incident at

in service dept

9/21/17

10/24/17 gave ~~BR~~ Jennifer a new copy (see attached) M

Agency Use Only

		Final Cost	
		Total	
Rec'd Date	10/17	Deposit	
Ready Date	10/17	Balance Due	.10
Total Pages	2	Balance Paid	

Request Received by: BR Date: 10/2/17

BR — Request Filled By

10/2/17 — DATE

10-4-17 8:45 AM
LM off. Zinger

10-11-17 10:22 AM
told off Zinger off
til Friday 10/14/17 6pm

10-16-17 10:28 AM
LM off Zinger

10-19-17 Spoke w/ [illegible]

MOUNT LAURAL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Mollie Ehrlich MI ____ Last Name Ehrlich

E-mail Address [redacted]

Mailing Address [redacted]

City Marlton State NJ Zip 08053

Telephone [redacted] 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 10/18/17

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.

CASE NUMBER (IF AVAILABLE) 2017-24610

On Sunday Oct 15th at @ 11:55 am, my Vehicle ran over a Metal object in the road on N. Briggs Road. Please provide the information from this report. C/o officer Daly #121

Where: N. Briggs Rd
When: Sunday 10/15 @ 11:55 am

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	1	Balance Paid	05¢

Request Received by: AM Date: 10/18/17

AM 10/23/17

M
10/24/2017 e-mailed
10/25/17 Picked up copy

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CHAD MI L Last Name BREITENFELD

E-mail Address

Mailing Address

City MT. LAUREL State NJ Zip 08054

Telepho[illegible]

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 10-5-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-00021483

SEE BACK 2017-23096

Agency Use Only

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

Request Received by: AP Date: 10-6-17

AP 10-20-17
Request Filled By DATE

Mailed on 10/20/17 AP

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
SEP 20 2017
By

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 Aspasia MI ____ Last Name Morse

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

Telephone ____ Fax ____

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

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

Signature A Morse Date 9/20/2017

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.

I am requesting any & all information regarding Mount Laurel, Mt Laurel & Mount Laurel. These include any police reports and any written or verbal documentations. I am also requesting same information on ... including anything they have said or written to the township & police department. Also could you include myself, Aspasia Morse & my fiancee ... same request, any & all documention, police records, etc.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

MOUNT LAUREL POLICE DEPARTMENT

SEP 21 2017

CHIEF OF POLICE

Ltr Group emailed on 10-03-17 MP
CC: Police
R 9/22

9/26 - emailed
10/20/17 gave Hard Copy 1Am

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Kristina MI A Last Name Elliott

E-mail Address _____

Mailing Address _____

City Philadelphia State PA Zip 19128

Telephone _____ FAX N/A

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

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

Signature _____ Date _____

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 NUMBER (IF AVAILABLE)_____

I'm currently in the process of purchasing a home in Mount Laurel and wanted to get more information surrounding the neighborhood and more importantly if there were any reports of complaints or instances where police were called to the home in question, or the neighboring homes as well as any other negative reports filed over the last 3 years pertaining to the address below?

I had a home inspection this past weekend and there were some off things I noticed (i.e. cameras outside the home, cameras in the home, etc). I have 2 small children and wanted to ensure there wouldn't be any potential issues if we moved forward on the home now or in the near future.

Home in question:

Mount Laurel, NJ 08054

Agency Use Only

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

Request Received by: BR Date: 10/20

BR
Request Filled By

10/23
DATE

emailed 10/24 & left message that records were emailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Metropolitan MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 926

City Phila, 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 Patricia Smith 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.

CASE NUMBER (IF AVAILABLE)_____

Agency Use Only

Final Cost

Rec'd Date _____ Total _____

Ready Date _____ Deposit _____

Total Pages 1 Balance Due 054

Balance Paid _____

Request Received by: Sm Date: 10/23/17

Sm 10/23/17

Request Filled By DATE

2017-22059

Picked up 10/24/17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Samantha MI ____ Last Name Plasner

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail WU 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 Samantha Plasner Date 10/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-9760 ; 2017-25071
I would like the report because I need it to protect my medical license
I am a NJ licenced family doctor.

Someone has my DEA # and is using it
to prescribe controlled substances.
It was filed last spring. (Spring 2017)
My office address is
Mt Laurel NJ 08054

Agency Use Only

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

Request Received by: MP Date: 10-20-17

17-9760
25071

Mailed 10/24/17 MP

MP 10-24-17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name MICHELLE MI K Last Name RUFINO

E-mail Address [redacted]

Mailing Address [redacted]

City Mt Laurel State NJ Zip 08054

Telephone [redacted] 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 10-20-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017 - 24176

Please email me the email dated 10/8 submitted by [redacted] to MLPD on 10/10/17.

[signature]

Agency Use Only

Rec'd Date ____
Ready Date ____
Total Pages ____

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

Request Received by [signature] Date 10/20/17

[signature] 10/20/17
Request Filled By DATE

10/20/17 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name James MI E Last Name Beck

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

Telephone FAX

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

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

Signature _____ Date 10/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 36-24853

I, James Beck, called into Central on 10-17-17 at 1955hrs To Report a strong odor of Zds coming from my neighbors residence, . . .

P36 125 & P36 107 responded and witnessed the same.

Incident narrative "Smelling of Marijuana and ongoing issue"

Agency Use Only

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

Request Received by: BR Date: 10/20

BR
Request Filled By

10/26
DATE

10/24 emailed

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 _____

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX _____

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to if possible (or) fax to

Start Date 10/15/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 10/23

10/27

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name MICHAEL MI H Last Name PAULSEN

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

Telephone 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 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.

CASE NUMBER (IF AVAILABLE)

10/4/17 At approximately 4:20-4:40 A patrol car was requested by employees of an office location of Raymond James Co (brokerage) - Located behind AAA (Rt 38). Words were had between myself & employees of firm.

2017-23618

Agency Use Only

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

Request Received by: SM Date: 10/17/17

SM Request Filled By 10/17/17 DATE

10/19/17 LM - Rpt ready for P/U

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Jill MI E Last Name Gallagher

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

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 [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.

CASE NUMBER (IF AVAILABLE) 2017-23883

Requesting report for case number above for incident I filed on 10/7/17 with officer Haines at the Mt Laurel Police Department. The incident was identity fraud

Agency Use Only

Rec'd Date

Ready Date

Total Pages

Final Cost

Total ,10

Deposit

Balance Due

Balance Paid

ok to mail per Rita.
mailed 10/30/17. AP

Request Received by: AP Date: 10-11-17

Request Filled By AP DATE 10-18-17

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Robert MI M Last Name Ieradi

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone FAX N/A

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 10/25/17

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.

CASE NUMBER (IF AVAILABLE) 2017-23681 A. Purtell 132

Reported an Identity theft case related to a credit card being opened in my name with TD Bank Mount Laurel. Experian credit company requires a copy of the police report in order to establish a fraud alert on my credit report.

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Request Received by: Date 10/25/17

Request Filled By DATE 10/25/17

10/26/2017 – E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Hong lan MI ____ Last Name Jin

E-mail Address _____

Mailing Address _____

City Voorhees State NJ Zip 08043

Telephone ____ FAX _____
Fax E-mail

Preferred Delivery: Pick Up Yes US Mail ____ On-Site Inspect ____

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 Hong lan jin Date 10/25/17

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.

CASE NUMBER (I F AVAILABLE)_____ My name is Hong Lan jin, I'm requesting a copy of my police report. I was arrested on 8/14/15 the address of the arrest was , Mount laurel nj. You can email, or I can pickup the report. If possible can I pay a fee to get the report quality? My phone number is

Agency Use Only

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

Request Received by: AM Date: 10/25/17

AM 10/25/17
Request Filled By DATE

15-18300

10/26/2017 E-Mailed

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name DANIEL MI S Last Name CRONIN

E-mail Address

Mailing Address

City Mt. Laurel State NJ Zip 08054

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 10/25/17

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.

CASE NUMBER (IF AVAILABLE)

I would like to recieve any/all incident reports involving Daniel Cronin at

6/2014 – 10/25/17 Date range.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	50	Balance Paid	

Request Received by: Am Date: 10/25/17

10/26/17 E-Mailed Am

Am 10/25/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Daniel MI D Last Name Derrios

E-mail Address

Mailing Address

City Willingboro State NJ Zip 08046

Telephone FAX N/A

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 Daniel Derrios Date October 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.

CASE NUMBER (IF AVAILABLE)

Im requesting all records from August 2017 to October 2017 under my last name, Derrios

2017-25248

2017-25169

Agency Use Only

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

Request Received by: MP Date: 10-23-17

MP Request Filled By

10-25-17 DATE

17-23857-C

17-25248-I

17-25169-I

17-25734-I

Mailed 10/26/17 MP

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Mark MI A Last Name Castellano

E-mail Address

Mailing Address

City MT Laurel State NJ Zip 08054

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 [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.

CASE NUMBER (IF AVAILABLE) ____

Report 12/14/16 white female assistance on WALKway 16-29788

Report 9/5/17 white female assistance on WALKway 17-21057

Report filed Threat Complaint Against.

MT Laurel between Jan 1 2017 - present

3/29/17 17-7307

I would like the Reports

Agency Use Only

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

Request Received by: Sm Date: 10/27/17

Sm 10/27/17
Request Filled By DATE

11/1/17 E-Mailed

Mr

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Diomedes MI J Last Name Medina-Bashir

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

Telephone FAX

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

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 Diomedes Jay Medina Bashir Date 10/26/2017

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.

CASE NUMBER (IF AVAILABLE) 2017-25012

Electric being stolen by construction company building new structure, therefore they have no electric and they help themselves to my electric in back of my unit which increase my PSE&G bill

Agency Use Only

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

Request Received by: fm Date: 10/26/17

fm 10/26/17
Request Filled By DATE

11/1/17 E-Mailed

M

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name RAJIV MI N Last Name RAJ

E-mail Address

Mailing Address

City VOORHEES State N.J Zip 08043

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 10/27/17

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.

CASE NUMBER (IF AVAILABLE) 2017-24996

I NEED A REPORT for a CHECK FRAUD

10/27/17.

Agency Use Only

Rec'd Date
Ready Date
Total Pages 3

Final Cost
Total
Deposit
Balance Due 15⁹
Balance Paid

Request Received by: Am Date 10/31/17

Am
Request Filled By

11/1/17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name EDWIN MI / Last Name AIZPIAGA

E-mail Address

Mailing Address

City MT. LAUREL State N.J. Zip 08054

Telephone _____ FAX _____

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

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

Signature _____ Date 11/1/17

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 NUMBER (IF AVAILABLE) _____

I WOULD LIKE TO ASCERTAIN A COPY OF AN INCIDENT THAT ACCURED ON SEPT. 19TH, 2017 FROM OFFICER T. RUDOLPH IF HAPPEN ON CHURCH ST MT. LAUREL, MY SON. THANKS

17-22259 N/A

Mailed 11/1/17

Agency Use Only

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

Request Received by: AM Date: 11/1/17

AM — Request Filled By

11/1/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Michelle ~~Gibson~~ MI _____ Last Name Gibson

E-mail Address _____

Mailing Address _____

City Mt Laurel State NJ Zip 08054

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 Labor Day

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 NUMBER (IF AVAILABLE) _____

Domestic ~~Disturbance~~
Disturbance

Mt laurel NJ

emailed 11/3

called 11/3, unable to leave vm

Agency Use Only

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

Request Received by: BR Date: 11/2/17

BR — Request Filled By

11/8/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lucile MI M Last Name Roach

E-mail Address _____

Mailing Address _____

City Mt. Laurel State NJ Zip 08054

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 Lucile Roach Date 11-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) _____

ON or about April -or May, I came to the P.D scared + upset about a inmate putting a hit on my life from NJSP. They never told me who the I/m was, The officer called NJSP to find out What was going on and was there any truth to the hit on my life.

Agency Use Only

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

Request Received by: BR Date: 11/3

BR — Request Filled By

11/3 — DATE

17-8669

emailed 11/6
called, spoke to Lucile to let her know report was emailed WS

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Anthony MI L. Last Name Cintron

E-mail Address ___

Mailing Address ___

City Eastampton State NJ Zip 08060

Telephone ___ 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 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.

CASE NUMBER (IF AVAILABLE) 2017-23459

Theft of my personal bag from locked locker in Vestibule of Planet fitness Oct 9, 2017 around 12pm

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	.15
Total Pages		Balance Paid	

Request Received by: BR Date: 10/31/17

BR Request Filled By

10/31/17 DATE

11/1 called and left message

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Josephine MI ____ Last Name Estrada

E-mail Address ____

Mailing Address ____

City MT. Laurel State NJ Zip 08054

Telephone ____ X ____

Preferred Delivery: 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 Josephine Estrada Date 10/ /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.

CASE NUMBER (IF AVAILABLE) 2017-23567

Oct. 4th. I would like a copy of the report for the above address of call in / report the silent alarm to the MT. Laurel Police Dept. In addition, I would like to know the phone number used to ~~H~~ The company that installed my alarm and the Monitoring Alarm Company need the information concerning the telephone number from whom ever called the silent alarm in. Estrada

Agency Use Only

		Final Cost	
		Total	.10
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	.10

Request Received by: NP Date: 10-16-17

NP 10-16-17
Request Filled By DATE

picked up on 10/31/17 NP

NP

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Scott MI A Last Name Juffe

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

Telephone 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

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 the body camera footage from police case 2017-25647 from the afternoon of 10/16/2017. I will accept a copy of the footage on CD/DVD or memory chip and can pick up from the police head quarters. Please call me at the telephone number above.

May I please have a copy of the police report also? SJ

Date of report request: pp 10-31-17
request filled: 11-7-17 pp

picked up 11-13-17
.05

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

MOUNT LAUREL POLICE DEPARTMENT
MOUNT LAUREL POLICE DEPARTMENT
OCT 27 2017
OCT 30 2017
RECORDS BUREAU
RECORDS BUREAU

pd .35 for video Picked up
~~copy~~ Video 10/31/17 pp
10/30/17

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name STEVEN MI P. Last Name HAAS

E-mail Address

Mailing Address

City VOORHEES State N.J. Zip 08053

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 S. Haas Date 11-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I AM AN INVESTIGATOR FOR VIRTUA HEALTH REQUESTING POLICE REPORTS PERTAINING TO HARASSMENT OF ONE OF OUR EMPLOYEE'S A HOMECARE NURSE BY ONE OF VIRTUA'S PATIENT'S. THE EMPLOYEE'S NAME IS AND CASE NUMBER I HAVE IS 2017-13442.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

date paid - 11-3-17 mp

request filled - 11-3-17 mp

mailed on 11-4-17 mp

WS

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lex MI W Last Name Hubbard

E-mail Address

Mailing Address

City Moorestown State NJ Zip 08057

Telephone FAX

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

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

Signature [signature] Date 11/6/17

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.

CASE NUMBER (IF AVAILABLE)____

Seeking any documentation regarding a Car accident I was in on November, 18, 2002. I was in a Silver Mitsubishi Eclipse. There were no other vehicles involved. I had a tire blow out. I veered off the road and hit a telephone pole. I believe the accident occurred on Church Road near Lenape High School.

Agency Use Only

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

Request Received by: BR Date: 11/6/17

BR — Request Filled By

11/6/17 — DATE

No Records found

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
NOV 03 2017
By

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 IRENE MI ____ Last Name REINBOLD

E-mail Address ____

Mailing Address ____

City LONG BRANCH State NJ Zip 07740

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 Irene Reinbold Date 11/3/2017

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.

PLEASE PROVIDE ANY AND ALL POLICE RECORDS (CAD LOGS, DISPATCH LOGS, ARREST REPORTS) FOR INCIDENTS INVOLVING

D.O.B. 02/15/1958

1) OFFENSE DATE: 10/10/1991 PROMIS GAVEL CASE NO.: 91002807
POLICE CASE NO.: 236531 MUNICIPAL DOCKET NO.: NOT KNOWN

2) OFFENSE DATE: 09/08/1990 PROMIS GAVEL CASE NO.: 91001196
POLICE CASE NO.: 218776 MUNICIPAL DOCKET NO.: 91371

THANK YOU

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL POLICE DEPARTMENT

NOV - 6 2017

CHIEF OF POLICE

11/6/17 E-Mailed to IR

WB

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Travis MI W. Last Name Daniel

E-mail Address [redacted]

Mailing Address [redacted]

City Mount Laurel State NJ Zip 08054

Telephone [redacted] FAX N/A

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

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

Signature [redacted] Date 10 Nov 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.

CASE NUMBER (IF AVAILABLE) 2017-25955

I am requesting a copy of my police report for Sunday October 29th, 2017, regarding a domestic dispute at mount laurel NJ, 08054.

Agency Use Only

Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost .05
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

emailed + left msg on 11-13-17 pp

Request Received by pp Date 11-2-17

pp Request Filled By 11-8-17 DATE

WS

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Timothy MI R Last Name Rutecki

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 Timothy Rutecki 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.

CASE NUMBER (IF AVAILABLE) 2017-25463

Reported for stealing checks out of our house and cashing them fraudulently. Need report to provide to the bank to get the process of getting money back.

Agency Use Only

Rec'd Date
Ready Date
Total Pages

Final Cost
Total 15
Deposit
Balance Due
Balance Paid

Request Received by: pp Date: 10-30-17

pp Request Filled By

11-7-17 DATE

WS

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name CAMILLE MI N Last Name ROWE

E-mail Address

Mailing Address

City PHILADELPHIA State PA Zip 19114

Telephone FAX

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

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

Signature _____ Date 11/13/2017

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.

CASE NUMBER (IF AVAILABLE) 2017 - 25785

POLICE OFFICER ZINGER #153

FRI 10/27

Agency Use Only

BR 11/13

BR 11/13

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lisa Balter MI M Last Name BALTER

E-mail Address

Mailing Address

City Mount Laurel State NJ Zip 08054

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 Lisa M Balter Date NOV 13, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE)____

~~Nov~~ Oct 27th, 2017

child exchange issue.

Agency Use Only

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

Request Received by: BR Date: 11/13/17

BR — Request Filled By

11/13/17 — DATE

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054

856.234.0001 (p), 856-234-8240 (f)

RECEIVED
NOV 03 2017
By

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 Mark MI W Last Name Strasle

E-mail Address

Mailing Address

City Haddonfield State NJ Zip 08033

Telephone FAX

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

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

Signature M K Date 11/2/17

Payment Information

Maximum Authorization Cost $ $250.00

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.

The following documents and information related to Mount Laurel, New Jersey 08054:

Any records relating to the arrest of 1 2017 by the Mount Laurel Police Department. This would include any police reports, arrest reports, Computer Automated Dispatch records, and any and all other documents and things.

Any records reflecting any call for service by the Mount Laurel Police Department in 2017 to above-referenced address. This would include any police reports, Computer Automated Dispatch records, and any and all other documents and things.

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

Rec'd 11/6/17 Sm

Filled 11/7/17 Sm

11/13/17 Mailed

Custodian Signature Date

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jerry MI _____ Last Name Friedman

E-mail Address _____

Mailing Address _____

City Marlton_____ State NJ_____ Zip 08053_____

Tel: _____ FAX _____

Preferred Delivery: Pick Up ___ US Mail X_____ On-Site Inspect ____ Fax_____E-mail _____

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

Signature _____ Date 11/12/17

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.

A copy of the complete police/investigative report and file that was prepared in connection with a moto vehicle accident case# 2017-22755 occurring on 09/25/17, involving and including, but not limited to, MVR tapes, photographs, videos, diagrams, supplements, victim and witnes statements, and any notes, handwritten or otherwise, of the investigating officer(s). Please provid photographs and videos on a CD, if possible.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

11/14/2017
Mailed MVA Report
(1) Disc - Photos + Statements
(1) Disc - Crash Data Video
(2) Discs - MVRs
(1) Disc - BWC (Redacted)

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Stacie MI ____ Last Name Tepe

E-mail Address ____

Mailing Address ____

City Philadelphia State PA Zip 18974

Telephone ____ FAX ____

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

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

Signature S M Tepe Date 11/8/2017

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.

CASE NUMBER (IF AVAILABLE)____

I am a certified legal intern, under the supervision of Deeya Haldar, Esq., representing in a custody matter. I am requesting a **certified criminal background history** for According to the police blogger from December 2011, was arrested for possession on 12/11/2011. Thank you. My contact information is the following:

Stacie Tepe
Philadelphia Legal Assistance
718 Arch Street, Suite 300N
Philadelphia, PA 19107
Telephone Number: (215) 981-3893
Fax Number: (215) 981-3860

Agency Use Only

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

Request Received by: BR Date: 11/8/17

BR — Request Filled By

11/13/17 — DATE

OPRA REQUEST, MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

Via email: records@mountlaurelpd.org

From: Roberto Paglione, Moorestown NJ 08057, tel # ; email:

Date: November 13, 2017

Please provide responsive documents and records regarding all police responses, arrests, incident reports, police records from Mount Laurel Police Department regarding:

1) all documents and records that discuss or summarize all police responses, arrests, incident reports, regarding the Ethel Lawrence Homes from January 1, 2015 through present.

2) Any public records that include any and all documents that discuss or contain mention of or a summary or break-down of any issues for resident (including juveniles) from that housing complex;

3) all documents and records re any discussion of investigations, arrests, incident reports, regarding individuals, including juveniles and/or students from the Ethel Lawrence Homes development from Jan. 1, 2015 to present.

4) Any and all documents that discuss disciplinary issues from any of the public schools operated by the Mount Laurel Board of Education/School District that required police attention/involvement for students/ residents from the Ethel Lawrence Homes development from Jan. 1, 2015 to present, including issues on school buses and other forms of transportation.

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX _____

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to [redacted]

Start Date 10/29/2017

End Date 11/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 11/14

BR 11/14

Custodian Signature Date

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Noel MI R Last Name Novak

E-mail Address _____

Mailing Address _____

City Buckingham State PA Zip 18912

Telephone _____ FAX _____

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

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

Signature [signature] Date 11/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-0019 and 2017-0023

I have two case numbers with the officer's names of Sheridan for case 2017-0019 and Searle for case 2017-0023. Please send me the records for the incident that occurred at The Prospectors nightclub in Mt Laurel at approximately 1:00 am on January 1st which was the New Year's Day party at the prior mentioned restaurant. I was at the nightclub and was speaking to a woman when out of nowhere her boyfriend came up to me and pushed me violently way from her. I am interested in pressing charges and would like a copy of what your department has on file so I may do so. Thank You!

Emailed 11-7

Agency Use Only

Rec'd Date _____
Ready Date _____
Total Pages _____

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

Request Received by: MP Date: 11-14-17

Request Filled By MP DATE 11-15-17

emailed on 11-16-17 MP

left copy on 11-16-17 MP

LB

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name DANIEL MI — Last Name ELLINGTON III

E-mail Address [redacted]

Mailing Address [redacted]

City LUMBERTON State NJ Zip 08048-4302

Telephone [redacted] FAX [redacted]

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 [signature] Date 15 NOV 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.

CASE NUMBER (IF AVAILABLE) 2017-26831

REQUEST COPY FOR INSURANCE PURPOSES.

Agency Use Only

		Final Cost	
		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages	2	Balance Paid	10

Request Received by: JM Date: 11/15/17

JM — Request Filled By

11/15/17 — DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Hugo MI R Last Name Solis

E-mail Address

Mailing Address

City Mt. Laurel. State NJ Zip 08054

Telephone 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 Hugo Rolando Solis. Date 11-2-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CASE NUMBER (IF AVAILABLE) 2017-16404 7-13-17

Entire Police Report

ASSUCT JULY 2017

Agency Use Only

Rec'd Date

Ready Date

Total Pages 1

Final Cost

Total

Deposit

Balance Due 05¢

Balance Paid

Request Received by: lm Date: 11/15/17

11/16/17 Called Rpt ready for P/U

lm 11/15/17

Request Filled By DATE

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

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 [redacted]

Mailing Address _____

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 11/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to _ f possible (or) fax to

Start Date 11/5/2017

End Date 11/11/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

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

BR 11/14

BR 11/17

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Yu-Chiao MI ____ Last Name Sung

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

Telephone ____ 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 [signature] Date 11/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 NUMBER (IF AVAILABLE) 2017-25347

Request report for fraud.

Agency Use Only

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Request Received by: Sm Date: 11/15/17

Sm
Request Filled By

11/16/17
DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone (856) 722-7567 FAX (856) 439-9100

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name: Leo   MI: ____   Last Name: V[illegible]

E-mail Address: ____

Mailing Address: ____

City: Mount Laurel   State: NJ   Zip: 08054

Telephone: ____   Fax: ____

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

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

Signature: [signature]   Date: 11/[illegible]/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 NUMBER (if applicable): 2017-17724

[illegible]

Agency Use Only

Final Cost

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

Records Provided: [signature]   Date: 11/20/17

[initials]

[signature]   11/20/17

Request Filled By   Date

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name DURVAL MI ____ Last Name McKoy

E-mail Address ____

Mailing Address ____

City MT. LAUREL State NJ Zip 08054

Telephone ____ 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 J. McKoy Date 11-17-17

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.

CASE NUMBER (IF AVAILABLE) 2017-25990

I would like the Report for
Case # 2017-25990
10-31-17.
Stolen 09 Freightliner Truck from
Johnson & Towers Parking Lot.

Agency Use Only

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

Request Received by: AP Date: 11-17-17

AP 11-17-17
Request Filled By DATE

M

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Lana MI ____ Last Name Gardner

E-mail Address ____

Mailing Address ____

City Mt Laurel State NJ Zip 08054

Telephone ____ 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 Lana Gardner Date 11-2017

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.

CASE NUMBER (IF AVAILABLE) 2017 23699

I would like the report
For Identity Theft + Fraud.

Agency Use Only

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

Request Received by: SM Date: 11/20/17

Am 11/20/17
Request Filled By DATE

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166
Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name DAVID MI _____ Last Name LEEDOM

E-mail Address [redacted]

Mailing Address _____

City MT LAUREL State NJ Zip 08054

Telephone [redacted] 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 [signature] Date 11/17/2017

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.

CASE NUMBER (IF AVAILABLE) _____

11/9/2017 7:00 PM

POLICE + EMT AT RENAISSANCE CLUB CLUBHOUSE -

POSSIBLE DOG BITE ?

SUPPOSED INJURED PARTY

WAS TREATMENT NECESSARY / SEVERITY

HOW DO I GET EMS RECORD

Agency Use Only

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

Request Received by: [signature] Date: 11-17-17

[signature]

[signature] 11-17-17

Request Filled By DATE

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
NOV 20 2017
By

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 DAVID MI _____ Last Name LEEDOM

E-mail Address [redacted]

Mailing Address [redacted]

City MT. LAUREL State NJ Zip 08054

Telephone [redacted] 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 [signature] Date 11/20/2017

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.

DOG BITE REPORT CASE # 3094

DATE of BITE 11/8/17 7:00 PM

RENAISSANCE CLUB – ADELAIDE DRIVE MT LAUREL

ACO M. Santino 16907 filled out REPORT.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054

Records Bureau Phone: (856) 722-7567 FAX: (856) 439-9166

Email: records@mountlaurelpd.org

Requestor Information – Please Print

First Name Steven MI M Last Name Kriet

E-mail Address

Mailing Address

City Mt Laurel State NJ Zip 08054

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 20NOV2017

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 NUMBER (IF AVAILABLE) 2017-27266

Someone unknown to me opened a Verizon Wireless account in my name

Agency Use Only

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

Request Received by: BR Date: 11/20/17

BR — Request Filled By

11/20/17 — DATE