State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

PM

GOVERNMENT RECORDS REQUEST FORM

2017 AUG 22 AM 8:56

Important Notice

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

Requestor Information – Please Print

First Name CARMEN MI A Last Name FERRIGNO

Company

Mailing Address 115 AZALEA DRIVE

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report
8/21/17
Cattell Road

[redacted]

EMAIL when Ready
Plymouth Rock Ins.

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 # 17-2963
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

AUG 30

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 29 AM 11:16

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Laura MI ____ Last Name Frias

Company ____

Mailing Address 1019 Brocon lane

City Clayton State NJ Zip 08312 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Laura Frias Date 8/29/17

Payment Information

Maximum Authorization Cost $ 6

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report
8/26/17
Hurffville Road
Case # 17-030296
[redacted]

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.

PM

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 8/31
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-30296 **Final Cost**

Tracking # ____ Total 6
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG -1 PM 3:13

Important Notice

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

Requestor Information – Please Print

First Name Eric MI J Last Name Fitzpatrick

Company

Mailing Address 107 Glen Ave

City Glendora State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/1/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Children pick up No Show

7/29/17

Parking lot of Deptford Police Station

[redacted]

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.

e-mailed

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-04-17
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

AUG 10

Custodian Signature [signature] Date

DEPTFORD TWP POLICE

2017 AUG -9 AM 9:52

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Quay MI H Last Name Fosk

Company

Mailing Address 275 High ST East Apt 5193

City Glassboro State NJ Zip 08028 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Quay H Fosk Date 8/9/17

Payment Information

Maximum Authorization Cost $ ϕ

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident 17-27270

? 8/3/17

Location

Rt 41 Hurffville Rd

4. [redacted]

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.

DI

In Progress - Open

Denied - Closed

Filled - Closed 08-11-17

Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid ϕ

Records Provided

Custodian Signature

Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 AUG 28 AM 10:29

Important Notice
The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name: Justus MI: D Last Name: Ellis
Company:
Mailing Address: 813 chestnut lane
City: Westville State: NJ Zip: 08093 Email: [redacted]
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension
Preferred Delivery: Pick Up ___ US Mail ✓ On Site Inspect ___
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature: Justus Ellis Date: 8/26/2017

Payment Information
Maximum Authorization Cost $
Select Payment Method ∅
Cash ___ Check ___ Money Order ___
Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Name of police officer that pulled me over on 8/21/...

...45pm

I did not give CADs just ~~Des~~ Dlaton name and EMAIL. PM

EMAiled OF NAme (PM)

AGENCY USE ONLY

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

PM

In Progress - Open
Denied - Closed
(Filled) - Closed 8/29
Partial - Closed

Tracking Information
Tracking # 17-030300
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature: [signature] Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP. POLICE

2017 AUG 28 AM 9:13

Important Notice

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

Requestor Information -- Please Print

First Name KYLE MI W Last Name ELLINGSWORTH

Company

Mailing Address ~~KWELLINGSWORTH@GMAIL.COM~~ 237 WILLIAMSTOWN RD

City BERLIN State NJ Zip 08009 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up V US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT
08/26/2017
COOPER ST/MERCER AVE
17-30310
[redacted]

CALL WHEN READY PM

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.

PM

In Progress - Open ___
Denied - Closed ___
(Filled) - Closed 8/28/17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information 17-30310
Tracking # ___
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

V

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 11 PM 2:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name MICHAEL MI E Last Name EMERLE

Company

Mailing Address 558 STEEPLECHASE CT.

City DEPTFORD State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michael Emerle Date 8/11/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

THEFT OF MOTORCYCLE
7/24/17
STEEPLECHASE CONDOMINIUMS
STEEPLECHASE CT.

[redacted]

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.

vrefm

In Progress - Open ____
Denied - Closed ____
Filed - Closed 08-11-17
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 22 AM 11:57

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Sara MI V Last Name DiRenzo

Company 2000 Clements Bridge Rd (> DSW)

Mailing Address

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 0

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8-22-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Shoplifting DSW 8-9-17 case # 17-28806
Shoplifting / Theft by deception # 17-28812

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-22-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $0
Deposit ____
Balance Due ____
Balance Paid $0

Records Provided

AUG 30 2017

[signature] Custodian Signature

[signature] Date

DEPTFORD TWP
POLICE

2017 AUG 17 PM 2:50

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jack MI L Last Name Daniels

Company

Mailing Address 933 Londonderry Ave.

City Camden State NJ Zip 08104 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *(HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jack Daniels Date Aug. 17, 2017

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash X Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident report
10 Londonderry Ave
8-11-17
17-028466

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.

SL

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

AGENCY USE ONLY

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

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

AUG 30 2017

Custodian Signature Date

DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG 14 AM 10:46

Important Notice

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

Requestor Information -- Please Print

First Name Dorothy MI ____ Last Name Davis

Company ____

Mailing Address 233 Bembridge St D.

City Phila State Pa Zip 19147 Email [redacted]

Business Hours Telephone: Area Code ____ Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature X Dy Das Date 8/14/2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Delsea Drive Run Rd 1st Pg. Generic

MV AC

8/11/17

not in 8/16

17-28464

Call when report Ready [redacted]

Sent Todd Brown e-mail. 8-17-17.
Spoke to Dorthy 8-17 told her officer needs to speak to her to get her statement.

AGENCY USE ONLY

Disposition Notes
If any part of request cannot be filled in seven business days, list reasons here.

Sent US mail. No answer by phone.

- Open ____
- Closed ____
- ~~Closed~~ 8-23-17
- Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total $

Deposit ____

Balance Due ____

Balance Paid $

Records Provided

AUG 23 2017

Custodian Signature ____ Date ____

Todd Brown

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 AUG 22 PM 1:05

Important Notice

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

Requestor Information – Please Print

First Name Brenda MI L Last Name L Dutcher

Company

Mailing Address 122 Hemlock Ct Apt F

City Deptford State NJ Zip 08096 Email [redacted] me.com

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brenda L Dutcher Date 8-22-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

- police report Child welfare
- July 23, 2017
- 841 Hunters Dr. Deptford NJ 08096
- [redacted]

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.

PM

In Progress - Open ____
Denied - Closed 8/22
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-279

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

Final Cost
Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 AUG -9 PM 1:26

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Phyllis MI ____ Last Name DeLuca

Company ____

Mailing Address 193 Andalora Way

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ 10

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Michelle Papendick called @ 4:30pm on Friday 8/4/17 to request a Well Visit to check on her son & daughter as they were Fighting on a phone call

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.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/9/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-27443
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

DEPTFORD POLICE AUG 10 2017

Custodian Signature [signature] Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 AUG 25 PM 1:00

Important Notice

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

Requestor Information – Please Print

First Name Katy MI E Last Name Dunn

Company

Mailing Address 118 Airline Ave

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Katy Dunn Date 8/25/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. police report
2. 8/23/17
3. cooper st. Deptford
4. [redacted]

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.

PM

In Progress - Open
Denied - Closed
Filled - Closed 08-25-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-02-4931
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 25 PM 12:39

Important Notice

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

Requestor Information -- Please Print

First Name Tina MI ____ Last Name DeVeitro

Company ____

Mailing Address 12 Shady Lane

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area [redacted]

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States~~.

Signature Tina DeVeitro Date 8/25/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

(1) harassment - intimidation - threats to a minor
8/23/17 (Sayden DeVeitro)

(2) exploitation - exposing pics w/out permission on social media
5/20/17 (Gianna DeVeitro)

[redacted]

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8-25-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

SEP - 5 2017

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 28 PM 1:11

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Sara MI V Last Name DiRenzo

Company DSW

Mailing Address 2000 Clements Bridge

City Deptford State NJ Zip 080[redacted] Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 6

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8-28-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

8-12-17
Shoplifting DSW [redacted]

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.

0 1

In Progress - Open _____
Denied - Closed _____
Filled - Closed 09-06-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 17-028602
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid 0

Records Provided

SEP - 6 2017

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

PM

GOVERNMENT RECORDS REQUEST FORM

2017 AUG -4 PM 3:36

Important Notice

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

Requestor Information -- Please Print

First Name Justice MI ____ Last Name Dougherty

Company MD Medical Assoc

Mailing Address 110 Harmon Dr STE 205

City Blackwood State NJ Zip 08012 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Justice Dougherty Date 8/4/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) Car accident (Driver: Paul Barutti)
MD Medical Associates
2) 8/3/17
3) Corner of Deptford center Rd + Hurfville Rd
4) [redacted]

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.

e-mailed Dir

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8-10-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-027270
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

Custodian Signature Matthew Principato Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Robert MI G. Last Name Devine

Company White and Williams, LLP

Mailing Address 457 Haddonfield Road, Suite 400

City Cherry Hill State NJ Zip 08002 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ 100.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Attention: Deptford Township Police Department

Any and all documents pertaining to the property located at **1110 Hurffville Road, Deptford, NJ and the incident that occurred on February 19, 2015** including, but not limited to, any and all records, reports, supplemental reports, photographs, statements, video recordings, audio recordings, diagrams, complaints, notices, citations, correspondences, memorandum, emails, computer entries, handwritten notes and any and all related documents in your possession.

AGENCY USE ONLY

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

Deposit Date ____

19358748v.1

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 # ____
Req'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

AUG 18 2017

RECEIVED
AUG 14 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date

DEPTFORD TWP DT
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG -2 AM 10:48

Important Notice

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

Requestor Information – Please Print

First Name JAMES MI H. Last Name DENNIS

Company

Mailing Address 3233 SCHLEICHER AVE

City PENNSAUKEN State NJ Zip 08110-6727 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 H Dennis Date 8-1-2017

Payment Information

Maximum Authorization Cost $ .60

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT - 7-25-2017 - DELSEA DR
17-026097

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.

DF

In Progress - Open
Denied - Closed
Filled - Closed 08-01
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 1.20
Deposit
Balance Due
Balance Paid .60

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 14 AM 8:2

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Tla Ml ____ Last Name Cherry

Company ____

Mailing Address 485 Deptford Ave

City Deptford State NJ Zip 08053 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/14/2017

Payment Information

Maximum Authorization Cost $ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

[redacted]

Assessment Report 8/2/17 — Given

location - 485 Deptford Ave (My home)

Tla Cherry vs Braham Wynn -

Simple Assault 17-028501 Ashlie Bystone 17-028538

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.

D/ e-mailed

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-14-17
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

Custodian Signature [signature] Date

DEPTFORD TWP POLICE
2017 AUG -2 PM 2:46

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name GERTRUDE MI H Last Name CORMA

Company

Mailing Address 301 WAYNE CT

City WENONAH State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States~~.

Signature Gertrude H Corma Date 8/2/17

Payment Information

Maximum Authorization Cost $ 30

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) BREAKING INTO AUTO
2) 7/23 APPROX
3) MY DRIVEWAY.
4) [redacted]

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-02
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-026-903
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 30
Deposit ____
Balance Due ____
Balance Paid 30

Records Provided

PAID IN CASH

Custodian Signature Date 8-2-17

DEPTFORD TWP POLICE
2017 AUG 11 PM 3:57

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Rich MI ____ Last Name Civlo

Company ____

Mailing Address 12 Violet Ct

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/11/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Police Report.
2. 8/4/17
3. Cooper & Delsea Drive

Melissa Civlo [redacted]

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.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/11
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

[signature] 8/11/17
Custodian Signature Date

DEPTFORD POLICE
2017 AUG 16 PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Beverly MI M Last Name Campbell

Company

Mailing Address 707 myrtle ave

City Lindenwold State NJ Zip 08021 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8.16.17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash X Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

traffic accident
7/9/17
Deptford mall
[redacted]

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-16-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-02-4078
Rec'd Date ____
Ready Date ____
Total Pages ____

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

DEPTFORD Records Provided AUG 17 2017

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 15 AM 10:28

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Linda MI L Last Name Condo

Company

Mailing Address 608 Winding Way

City Deptford State NJ Zip 8093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up 8/15/17 US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Linda Condo Date 8/15/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accidnt report driver (Jamie McCool)

8/11/17 day of accidnt Clinents bridge rd

17-028475

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.

D1

In Progress - Open _____
Denied - Closed _____
Filled - Closed 08-15
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .10
Deposit _____
Balance Due _____
Balance Paid .10

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 AUG 10 PM 2:06

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Yanina MI M. Last Name Carter

Company

Mailing Address 590 Lower Landing Rd, #5 F

City Blackwood State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Yanina Carter Date 8/10/17

Payment Information

Maximum Authorization Cost $ .25

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident (CAR)
2. Aug, 4th, 2017
3. Hurffville Rd.

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.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/10/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-274102
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .25
Deposit ____
Balance Due ____
Balance Paid .25

Records Provided

Custodian Signature

Date

DEPTFORD TWP
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG -8 AM 10: 39

Important Notice

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

Requestor Information – Please Print

First Name Monique MI N Last Name Clark

Company

Mailing Address 1081 Mall Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/8/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting a police report I filed against Delsen Clement for giving my minor children alcohol. I need the records for family court 8/8/17.

Delsen Clement house was the location on Mall Ave Deptford NJ 08096

[redacted]

Filed 7/5/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 8/10
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature [signature] Date

DEPTFORD TWP POLICE

2017 AUG 23 PM 3:17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side 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 E Last Name Cora

Company

Mailing Address 119 Trent Rd

City Turnersville State NJ Zip 08012 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 E Cora Date 9.23.17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Child Custody
9.20.17
DAVID Cora 119 Trent Rd Turnersville NJ 08012
VS
Shavee Huff
1508 Pleasant ct
woodbury NJ

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.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/24
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-029558
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

AUG 30 2017

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 AUG 18 AM 10:18

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name ALEXANDRA-MARIE MI ____ Last Name CORTES

Company ____

Mailing Address 1513 Beech Court

City Williamstown State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 08/18/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1- VERBAL DISPUTE & THREATS OF REMOVING OUR DAUGHTER FROM THE STATE OF NJ TO NEVER RETURN HER TO ME THE CUSTODIAL PARENT

2- 08/09/17

3- BABIES R US

4- 17-28206

17-28172

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.

metro

In Progress - Open ____

Denied - Closed ____

Filed - Closed 08-18-17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 0

Deposit ____

Balance Due ____

Balance Paid 0

Records Provided

AUG 30 2017

Custodian Signature Date

RM

DEPTFORD TWP POLICE

2017 AUG 28 PM 2:31

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Erica MI M Last Name Cuzzilla

Company

Mailing Address 538 Princeton Blvd

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Erica Cuzzilla Date 8/28/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Investigation Report / ~~Unwanted~~ person unconscious
2. 8/24/17
3. 1450 Delsea Drive Deptford, NJ 08096
4. [redacted]

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

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 10 AM 11:36

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Michael MI S Last Name Cheesman

Company

Mailing Address 32 Marathon Dr

City Mantua State NJ Zip 08051 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michael Cheesman Date 8-10-17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash X Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accountant Report, Samatha Cheesman
8-3-17 Cooper St, Highland St 17027269

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.

DI

In Progress - Open
Denied - Closed
Filled - Closed 08-16-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-027269
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 20
Deposit
Balance Due
Balance Paid 20

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 10 PM 12:43

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side 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 Cora

Company ____

Mailing Address 119 Trent RD

City Turnersville State NJ Zip 08012 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ .15

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Child Custody
8.4.17
Davidson vs Sharee Hurt
17-027457

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.

DNI

In Progress - Open ____
Denied - Closed ____
Filed - Closed 08-10-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-027457
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature ____ Date

DEPTFORD TWP POLICE
2017 AUG 14 AM 8:

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Tia MI ____ Last Name Cherry

Company ____

Mailing Address 485 Deptford Ave

City Deptford State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code ____ Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/14/2017

Payment Information

Maximum Authorization Cost $ ____ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

missTiacherry@icloud.com

Harassment Report 8/2/17 — Given

location - 485 Deptford Ave (My home)

Tia Cherry Vs [redacted]

Braham Wynn-

Ashlie Bastone

17-028538

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.

D/ e-mailed

In Progress - Open ____

Denied - Closed ____

(Filed) - (Closed) 08-14-17

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

Custodian Signature [signature] Date

DEPTFORD TWP POLICE

2017 AUG 30 AM 10:41

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jennifer MI L Last Name Cyr

Company

Mailing Address 218 Richwood Rd.

City Mullica Hill State N.J. Zip 08062 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Cyr Date 8/30/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash X Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Picking up Harrassment Report from 8/25/17 Tacoma Blvd.

Picking up Theft Report from 8/11/17 - Tacoma Blvd.

Picking up for Thomas S. Kasper

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.

P.M

In Progress - Open
Denied - Closed
Filled - Closed 8/29
Partial - Closed

AGENCY USE ONLY

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

Final Cost 0
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date 8/29

DEPTFORD TWP POLICE

2017 AUG 29 AM 11:19

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Michelle MI V Last Name Cannaday

Company

Mailing Address 34 Linden Ave.

City Mount Ephraim State NJ Zip 08059 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michelle V Date 8/29/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) Accident
2) 8/17/17
3) Deptford Center Rd and Almonesson Rd.
4) [redacted]

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-02924
Rec'd Date
Ready Date
Total Pages

Final Cost
Total -10
Deposit
Balance Due
Balance Paid -10

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE

2017 AUG 23 PM 2:47

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Patricia MI A Last Name Barrett

Company

Mailing Address 645 Cornell Ave

City Westmont State NJ Zip 08090 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Barrett Date 8/23/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report 8/4/17
Location Conrail Ave - 17027451

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.

D!

In Progress - Open ____
Denied - Closed ____
Filed - Closed 08-23-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-027451
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 17 AM 11:06

Important Notice

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

Requestor Information – Please Print

First Name Raymond MI D Last Name BOHRER

Company

Mailing Address 1003 BENNETT DR

City DEPTFORD State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] ion

Preferred Delivery: Pick Up US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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. Bohrer Date 8-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

TRAFFIC ACCIDENT (REAR ENDED)

DATE - 8-15-17

17-28974

[redacted]

[redacted]

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 # 17-28974
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 23 PM 1:15

Important Notice

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

Requestor Information – Please Print

First Name Robert MI A Last Name Applegate

Company 38 E. Holly Ave

Mailing Address Sewell NJ

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/23/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report
8/16/17
Deptford – Huntville Rd
CASE # 17-029099
Robert_Applegate@Superioressex.com
Robert_Applegate@Superioressex.com

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.

e-mailed

In Progress – Open
Denied – Closed
Filled – Closed 09-11-17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-29099
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature [signature] Date

DEPTFORD TWP PD
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG 11 AM 9:23

Important Notice

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

Requestor Information – Please Print

First Name Peter MI ____ Last Name Alberici

Company ____

Mailing Address 223 JOHNSON RD

City TURNERSVILLE State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-11-17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report (ANA MARTIN)
From 8-2-17.
SALINA RD & TANYARD RD Intersection.

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.

D1

In Progress - Open ____
~~Denied~~ - Closed ____
Filled - Closed 08-11-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-027144
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

AUG 11

[signature]

Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 16 AM 9:54

Important Notice

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

Requestor Information -- Please Print

First Name Edward MI W Last Name Ahrens III

Company

Mailing Address 72 William Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ___ US Mail ___ On Site Inspect ___

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Ahrens III Date 8/16/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Harassment 8/15/17 at above address

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.

PM

In Progress - Open ___
Denied - Closed ___
Filled - Closed 8/16
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-28986
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total 0
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 AUG -2 AM 9:14

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Jessica MI R Last Name Arriaga

Company

Mailing Address 334 Chester St

City Camden State NJ Zip 08102 Email

Business Hours Telephone: Area Code 904 Number 816-5187 Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jessica Arriaga Date 8-1-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

7-28-17 at 5:00pm report for picking up daughter on my parenting time ; Police states there is 11 reports for 339 Rutger Ave Wenonah, NJ 08096. child custody

6-16-2017 -

7-28-17 -

Jessica Junebri23@gmail.com

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.

e-mailed

In Progress - Open
Denied - Closed
Filled - Closed 08-09
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

AUG 10 2017

Custodian Signature Date

DEPTFORD TWP POLICE
2017 AUG 21 PM 3:51

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name ELVIS MI ____ Last Name AIDOO

Company ____

Mailing Address 102 BEACON DRIVE

City DEPTFORD State N.J Zip 08096 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature E. Aidoo Date 8/21/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT
Deptford Center Rd
Date of 7/15/17
#17-024860

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-21-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 AUG 21 AM 8:11

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Laurlee MI ____ Last Name Alexander

Company ____

Mailing Address 843 New Jersey Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ✓

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Laurlee Alexander Date 08/21/17

Payment Information

Maximum Authorization Cost $ cp

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Supplement to Report of break in @ above address - 8/21/17

Send to Work email - [redacted]

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.

DI e-mailed

In Progress – Open ____
Denied – Closed ____
Filled – Closed 08-23-17
Partial – Closed ____

AGENCY USE ONLY

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

Final Cost
Total 9
Deposit ____
Balance Due ____
Balance Paid 9

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 AUG 30 PM 2:28

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI D. Last Name Aponte

Company

Mailing Address 485 Deptford Ave. Unit 201

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8.30.17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Simply assault
9.13.17
485 Deptford Ave Unit 201 Westville NJ
[redacted]
Pictures for this case to.

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.

RM

In Progress - Open
Denied - Closed
Filled - Closed 8/29
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 129268
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid

Records Provided

SEP - 5 2017

Custodian Signature Date

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 AUG 28 AM 10:23

PM

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name MERCEDES MI C Last Name ALICANGA

Company

Mailing Address 1252 HESSIAN AVE

City WESTDEPTFORD State NJ Zip 08093 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ✓ On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Mercedes C. Alicanga Date 8/28/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1 Car accident report 8/24/17 - cooper St.

MAil

When

Mailed 9/5/17

Gave 1st Pg

PM

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.

PM

In Progress - Open
Denied - Closed
Filled - Closed 9/5/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-30069
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit 0.
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

RM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 32 PM 12: 20

9/1

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI A Last Name Annarelli II

Company South Jersey Elevator

Mailing Address 607 Leigh Court

City Williamstown State NJ Zip 08094 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 A. Annarelli II Date 9/1/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident Report
2. 8/16/17
3. RT 41
4. [redacted]

Report # 17-29065

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.

RM

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

AGENCY USE ONLY

Tracking Information Final Cost

Tracking # 17-29065 Total 20
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid 20

Records Provided

Custodian Signature Date

Police Records

From: csscm2000b [redacted]
Sent: Friday, August 25, 2017 10:57 AM
To: Police Records
Subject: OPRA

Accident (Janet Simone)
Location: Almonesson & Clemonsbridge Rd
Date: 8/18/17
Case# : 17-029308

Thank you,

Janet Simone

Sent from my T-Mobile 4G LTE Device

08-25-17

DEPTFORD TWP POLICE
2017 AUG-16 PM 2:03

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name TREXIS MI L Last Name BROOKS

Company SELF EMPLOYED

Mailing Address 439 [illegible]

City WILLINGBORO State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code _____ Number [redacted] Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/16/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

s: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Motor Vehicle Stop At Deptford Mall
8/6/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

e-mailed

In Progress - Open _____
Denied - Closed _____
(Filled) - Closed 08-17-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-27921
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total $ 0
Deposit _____
Balance Due _____
Balance Paid $ 0

Records Provided

[signature] 8/17/17
Custodian Signature Date

DEPTFORD TWP
POLICE

2017 AUG 10 PM 3:23

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Amber MI M Last Name Brumbach

Company

Mailing Address 354 High St

City Woodbury State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ABrumbach Date 8/10/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident

2. 8/8/17

3. Intersection of Almonesson + Outback

1. [redacted] @ [redacted]

COPY

1st page given 08-21

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost ____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # 17-028048 Rec'd Date ____ Ready Date ____ Total Pages ____
Est. Delivery Cost ____		Final Cost Total $ ____ Deposit ____ Balance Due ____ Balance Paid $ ____
Est. Extras Cost ____		
Total Est. Cost ____		
Deposit Amount ____		
Estimated Balance ____		
Deposit Date ____	In Progress - Open ____ Denied - Closed ____ Filled - Closed 08-23-17 Partial - Closed ____	Records Provided Contacted officer 8/15/17 AUG 30 2017 Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 23 PM 2:47

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name PATRICIA MI A Last Name BARRETT

Company

Mailing Address 645 CORNELL AVE

City WENONAH State NJ Zip 08090 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/23/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report 8/4/17
Location Cornell Ave - 17027451

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.

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-23-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-027451
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 15
Deposit ____
Balance Due ____
Balance Paid 15

Records Provided

[signature] Custodian Signature

[signature] Date

DEPTFORD TWP POLICE
2017 AUG -16 PM 2:03

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name TREXIL MI L Last Name BROOKS

Company SELF EMPLOYED

Mailing Address 479 BRIAR AVE

City WILLINGBORO State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code _____ Number [redacted] Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/16/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Motor Vehicle Stop At Deptford Mall
8/6/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

e-mailed

In Progress – Open _____
Denied – Closed _____
(Filed) – Closed 08-17-17
Partial – Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-7921
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total $ _____
Deposit _____
Balance Due _____
Balance Paid $ 0

Records Provided

[signature] Custodian Signature

[signature] Date

DEPTFORD TWP POLICE

2017 AUG 17 AM 11:06

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Raymond MI D Last Name Bottger

Company

Mailing Address 1003 BENNETT DR

City DEPTFORD State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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. Bottger Date 8-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

TRAFFIC ACCIDENT (REAR ENDED)

DATE - 8-15-17

17 - 28974

FASTCLASSIC1@yahoo.com

fastclassic1@yahoo.com

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 # 17-28974

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

AUG 30

Custodian Signature Date

DEPTFORD TWP
POLICE
2017 AUG 10 PM 3:23

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Amber MI M Last Name Brunsden

Company

Mailing Address 350 High St

City Woodbury State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ABrunsden Date 8/10/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident
2. 8/8/17
3. Intersection of Almonessant + Outback

COPY

1st page given 08-21

4. [redacted]

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.

Sent e-mail

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-23-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-028048
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Contacted officer 8/15/17

AUG 30 2017

Custodian Signature ____ Date ____

Police Records

From: NICHOLAS SIMILA <[redacted]
Sent: Monday, August 07, 2017 12:09 PM
To: Police Records
Subject: opra request

I am requesting a copy of accident report. The driver is Samantha Simila date of accident is August 2, 2017 the

location is Tanyard and Salina road Deptford NJ.

Thank you

Samantha Simila

10

08-08-17 D

PM

State of New Jersey DEPTFORD TWP POLICE
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG -3 PM 1:48

Important Notice

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

Requestor Information – Please Print

First Name ALEXIS MI D. Last Name SHERIDAN

Company

Mailing Address 467 College Blvd

City WENONAH State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Alexis D. Sheridan Date 8-3-17

Payment Information

Maximum Authorization Cost $ 1.30

Select Payment Method

Cash / Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. ACCIDENT
2. MON. JULY 31, 2017
3. 467 College Blvd
   WENONAH NJ 08090
4. [redacted]
5. PHOTOS

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.

PM

In Progress - Open
Denied - Closed
Filled - Closed 8/3
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-26890 Total Final Cost 1.30
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid 1.30

Records Provided

Custodian Signature Date

DT

DEPTFORD TWP
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM
2017 AUG 25 AM 11:27

Important Notice

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

Requestor Information – Please Print

First Name Kathleen MI A Last Name Silver

Company

Mailing Address 85 Twin Ponds Dr

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted]28 Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathleen Silver Date 8/25/17

Payment Information

Maximum Authorization Cost $ Ø

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1.) Domestic Violence -
2.) 8/20/17
3.) Courtyard Marriott
4.) 17-29451

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.

DT

In Progress - Open
Denied - Closed
Filed - Closed 08-25-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total Ø
Deposit
Balance Due
Balance Paid Ø

Records Provided

Custodian Signature Date

DEPTFORD TWP PD
POLICE

2017 AUG 25 PM 12:01

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Deborah MI S Last Name Shoneker

Company Speedway

Mailing Address 1295 Hurffville Rd

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Deborah S Shoneker Date 8.25.17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Theft Report (General Manager) Speedway
1295 Hurffville Rd
Deptford, NJ 08096

8.22.17 - 17-029803

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.

victim

In Progress - Open
Denied - Closed
Filled - Closed 08-25-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE

2017 AUG 25 PM 3:29

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Shasta MI ____ Last Name Steele

Company ____

Mailing Address 31 Andaloro Way

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ShastaSteele Date 8/25/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) Report: ~~Burn~~ Domestic Violance (Not Sure)
2) JULY 29, 2017
3) 31 Andaloro Way, Westville, NJ 08093
4) Do not have report #
5) Email: [redacted]

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.

E Mailed

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/28
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 72665 Final Cost
Rec'd Date ____ Total ____
Ready Date ____ Deposit 0
Total Pages ____ Balance Due ____
Balance Paid ____

Records Provided

SEP -5 2017

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG 25 PM 12:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jano MI L. Last Name Santarrangelo

Company

Mailing Address 827 Chestnut Ave.

City Deptford State N.J. Zip 0802[redacted] Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jano L. Santarrangelo Date 8/25/17

Payment Information

Maximum Authorization Cost $ 6

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. accident
2. 8/17/17
3. Cooper St Deptford
4. 17-2905-3

1st page given

[redacted]

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.

PM Emailed

In Progress - Open ____

Denied - Closed ____

Filled - Closed 8/29

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-2905-3

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 0

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature

Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 32 PM 2:17

Important Notice

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

Requestor Information – Please Print

First Name Nancy MI ____ Last Name Staffieri

Company ____

Mailing Address 211 Lee Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Staffieri Date 9-1-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method Q

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

found item at 211 Lee Ave. on 9-1-17
picking up CADs report gave
Please email full report. cads
[redacted]

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.

RM

In Progress - Open 9/6/17
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3100
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided
SEP - 6 2017

Custodian Signature Date

RM

DEPTFORD TWP POLICE

2017 AUG 30 AM 11:25

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Donna MI L Last Name Sheets

Company

Mailing Address 216 Tylers Mill Rd

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Donna L Sheets Date 8-30-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
8/28/17
Rt 41 in Deptford NT
~~17-030492~~ 17-30490
[redacted]

gave 1st Pg

Email When Ready

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.

RM
EMAILED

In Progress - Open ____
Denied - Closed ____
Filled - Closed 9/1
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-30490

Tracking # ____ Total Final Cost
Rec'd Date ____ Deposit
Ready Date ____ Balance Due 0
Total Pages ____ Balance Paid ____

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE
2017 AUG 14 PM 12:40

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Kanji MI ____ Last Name Singh

Company Jim Sohal LLC

Mailing Address 105 Rabbit Run Rd

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kanji Singh Date 8/14/17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Stolen Tag
7/10/17
2020 Delsea Dr Sewell NJ

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.

D.

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-14-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 15
Deposit ____
Balance Due ____
Balance Paid 15

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP
POLICE

2017 AUG 18 PM 12:34

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Marcel MI J Last Name Steele

Company

Mailing Address

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. [redacted] Theft and Assault
2. 07/29/17
3. 31 Andalora Way
4. [redacted]

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.

PM
Emailed

In Progress - Open
Denied - Closed
Filed - Closed 8/23
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-2665

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 21 PM 3:18

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name James MI W Last Name Salter

Company

Mailing Address 620 Hamilton BD

City Wenonah State NJ Zip 08090 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 W Salter Date 8/21/17

Payment Information

Maximum Authorization Cost $ .50

Select Payment Method

Cash X Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Incident
2. 8/14/17
3. Same as Above
4. [redacted]

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.

Qw

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-02.85.17
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 1.50
Deposit
Balance Due
Balance Paid .50

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 AUG 17 AM 10:24

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jerome R MI G Last Name Schnell

Company

Mailing Address 454 Mullica Hill Road

City Mullica Hill State NJ Zip 08062 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jerome R Schnell Date 8-17-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident report 8-11-17
Clements Bridge Road
Case NO 17-028475

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.

D!

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-17-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

AUG 30 2017

Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 AUG -1 PM 3:56

Important Notice

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

Requestor Information – Please Print

First Name GURPREET MI ____ Last Name SINGH

Company ____

Mailing Address 143 Nathan Hale DR.

City Woodbury State NJ Zip 0809[illegible] Email [redacted]

Business Hours Telephone: Area Code ____ Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
7/21/17
Deptford NJ

[redacted]

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.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 8/1
Partial - Closed 8/1

AGENCY USE ONLY

Tracking Information 17-2618

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

Final Cost
Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

AUG - 2 2017

Custodian Signature ____ Date 0

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 11 PM 2:06

Important Notice

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

Requestor Information – Please Print

First Name Ashley MI N Last Name Schintz

Company

Mailing Address 308 ogden station Rd.

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

neighbor dispute @ above address from
6/1/17- 8/11/17

[redacted]

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.

PM

In Progress - Open
Denied - Closed
Filled - Closed 8/11/17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 14 PM 12:03

DEPTFORD POLICE

2017 AUG 14

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Katie MI M Last Name Snyder

Company

Mailing Address 46 oak ave

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United~~ States.

Signature Katie Snyder Date 8-14-17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Car accident
2. 8-9-2017
3. Good Intent RD and Almonesson, Deptford, NJ
4. [redacted]

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.

DI

In Progress - Open
Denied
Filled - Closed 08-14-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total .15
Deposit
Balance Due
Balance Paid .15

Records Provided

AUG 17 2017

Custodian Signature Date

Police Records

From: Ashley Schintz [redacted]>
Sent: Monday, August 14, 2017 4:24 PM
To: Police Records
Subject: Opra

August 6, 308 Ogden station rd. We called to report damage

August 7, same address, dyfs called police and police responded to address above

Sent from Yahoo Mail on Android

On Mon, Aug 14, 2017 at 12:24 PM, Police Records <policerecords@deptford-nj.org> wrote:

I sent everything I could locate if anything new happens send and mail to this address with "opra" in the subject date location and what kind of report and we will send it back to you pat

From: Ashley Schintz [redacted]
Sent: Monday, August 14, 2017 11:48 AM
To: Police Records
Subject: Re: reports

Thank you, when will we receive other reports?

Sent from Yahoo Mail on Android

On Mon, Aug 14, 2017 at 11:20 AM, Police Records

AUG 17 [illegible]

<policerecords@deptford-nj.org> wrote:

From pat I have to take a juvenile name and address of the other people.

-----Original Message-----

From: Police Records [mailto:policerecords@deptford-nj.org]

Sent: Monday, August 14, 2017 11:29 AM

To: Police Records

D1
08-15-17

9/1/17

8-22-2017 Sent E Mail

Send E Mail to: policerecords@deptford-nj.org
ALL ONE WORD
Pat in record room

Subject: Oprah Request ←
MUST HAVE ABOVE ON EMAIL

Body: Accident information below
also attached to E Mail

Date: July 29, 2017
Place: Adelphia Hotel parking lot
Person driving my car: Valet Attendent
Woman who hit my Car: Bathroom Attendent
* sorry no name police officer said it will all be in report.
# 17-026683
Deptford [redacted]
P.O. - A Myers # 5245

[redacted]

Thank You.

DEPTFORD TWP POLICE
2017 AUG 32 AM 11:50

09-06-17 D.!

PM

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 AUG -3 AM 11:30

Important Notice

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

Requestor Information – Please Print

First Name Mohammad MI ____ Last Name Rashid

Company ____

Mailing Address 1307 Hancock Dr #104

City Bazrington State NJ Zip 0807 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8.2.2017

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
7.22.2017
Clement Bridge Dr

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.

PM

In Progress - Open ____
Denied - Closed ____
(Filed) - Closed 8/3
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 172580
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

AUG

[signature]

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG -8 PM 1:00

Important Notice

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

Requestor Information – Please Print

First Name Taylor MI N Last Name Ramirez

Company

Mailing Address 20 Britt Lea Dr

City Gbrl State NJ Zip 08081 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/8/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Theft
2. July 22, 2017.
3. Verizon Wireless - Deptford Mall
4. [redacted]

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.

DL

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-08-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-022279
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total $ 0
Deposit ____
Balance Due ____
Balance Paid $ 0

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

PM DEPTFORD TWP POLICE 9/5 9/5

2017 AUG 36 AM 8:54

Important Notice

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

Requestor Information – Please Print

First Name Michael MI ____ Last Name ROSANIA

Company ____

Mailing Address 129 Valley Forge Way

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 9/5/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. CAD reports for 127 Valley Forge Way Deptford NJ 08096
2. History to see if this has been ongoing dates 1/2015 - present
3. 127 Valley Forge Way Deptford NJ 08096
4. [redacted]

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.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 9/7
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature [signature] Date

DEPTFORD TWP
POLICE

2017 AUG 11 PM 12:31

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Eric MI ____ Last Name Rudderow

Company ____

Mailing Address 37 N Warner St

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/11/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Auto Accident
2. 8/11/17
3. Tanyard / Boundry Rds. Deptford
4. [redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 AUG 15 AM 11:44

Important Notice

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

Requestor Information -- Please Print

First Name Joseph MI W Last Name Reimers

Company

Mailing Address 1630 Ethel Ave.

City Deptford State N.J. Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 W. Reimers Date 8/15/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Incident Reports for July 3, 2017
one for Late May, Early June
took place at
1144 Almonesson Rd,
Deptford, N.J. 08096
Theft Report Case # 17-018512
Simple Assault Case # 17-023338

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.

victim

In Progress - Open
Denied - Closed
Filled - Closed 08-15
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 AUG -4 PM 2:04

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name William MI B Last Name Robinson

Company

Mailing Address 26 Cornelia DR

City Bellmawr State NJ Zip 08031 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8-4-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Damage To Property
7-12-16
Delsea DR

[redacted]

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.

D

In Progress - Open
Denied - Closed
Filled - Closed 08-04-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-26521
Rec'd Date CAD
Ready Date
Total Pages

Final Cost
Total .10
Deposit
Balance Due
Balance Paid .10

Records Provided

AUG 10 2017

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG -7 AM 10:03

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Antionette MI ____ Last Name Venezia

Company ____

Mailing Address 24 Haddon AVE

City Haddon TWP. State N.J Zip 08108 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Antionette Venezia Date 8/7/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
8/7/17
@ Elements Bridge Rd
17-027627

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.

DV

In Progress - Open ____
Denied - Closed ____
Filled - Closed 08-07-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-027627
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 AUG 15 PM 1:46

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Joann MI ____ Last Name van Oyen

Company ____

Mailing Address 468 College Blvd

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joann van Oyen Date 8-15-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Credit Card Fraud
8/17
Target
Report # 17-027899
[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
Filed - Closed 8/15/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-27899
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

GLOUCESTER TWP
POLICE
2017 AUG 28 PM 3:13

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Joann MI ____ Last Name VanOyen

Company ____

Mailing Address 468 College Blvd

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joann VanOyen Date 8/28/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Credit Card Fraud Supp Report
August 1, 2017
Target
17-27899
[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 AUG 23 PM 3:00

Important Notice

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

Requestor Information – Please Print

First Name Dominic MI ____ Last Name Valentine

Company ____

Mailing Address 1721 Packer Ave

City Phila State PA Zip 19145 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Dominic Valentine Date 8/23/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

My name is Dominic Valentine and I am requesting All incidents Reports involving Lisa A Minniti which is my sister who passed away on Aug 13, 2017, at address 763 Fox Run Rd. Dates Aug 13, 2017 Aug 10, 2017 Picture also:

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.

PM

In Progress - Open ____
Denied - Closed 8/25
(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

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 AUG -2 PM 1:30

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Arianna MI ____ Last Name Williams

Company ____

Mailing Address 52 Hancock Lane

City Willingboro State NJ Zip 08046 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up V US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ .10

Select Payment Method

Cash V Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident report (Joyce Russell) 17-026240
2. July 26 2017
3. Deptford - exit 12 (left turn mall entrance) Clements Bridge Road
4. [redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
Filed - Closed 08-02-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .10
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

AUG 10 2017

Custodian Signature ____ Date ____

Police Records

From: [redacted]
Sent: Thursday, August 10, 2017 9:40 PM
To: Police Records
Subject: Opera request

This message was sent securely using ZixCorp.

I, Crystal Weal, is requesting an accident report. The date was 07/02/2017 on McNaughton Ave.

Care #-17-02-32-32-70

Thank you,

Ms. Crystal Weal

Virtua Health, Inc. maintains systems for protection of electronic information, which are the property of Virtua Health, Inc. and are to be used for legitimate business purposes. You shall at all times protect and maintain the confidentiality of your user name and password and shall not disclose them to any third party. You are responsible to comply with the regulations and security rules set forth by HIPAA and Virtua Policies regarding the protection of data & confidentiality. Excessive use of systems for any reason other than legitimate business purposes is prohibited. Virtua Health, Inc. monitors all system transactions. No right to privacy exists when using Virtua Health, Inc. systems at work or when accessing Virtua systems from a personal computer or other device. Virtua Health, Inc. has the right to monitor, access, review, audit and disclose information obtained through Virtua Health. Inc. systems, including email, without advance notice to and/or without consent. All users of Virtua Health, Inc. systems are required to notify the IS Help Desk if they become aware of any misuse. I confirm that I have read this acknowledgment and understand

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AUG 17 2017

08-11-17 D

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 AUG 11 AM 10:54

Important Notice

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

Requestor Information – Please Print

First Name Tanisha MI I Last Name Wheeler

Company

Mailing Address 85 AEast Barber Ave

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Tanisha Wheeler Date 8-11-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Car accident
8-11-17
Tanyard Rd Wenonah

[redacted]

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.

DJ

In Progress - Open
Denied - Closed
Filed - Closed 08-11-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature Date

PM

DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 AUG 22 PM 1:23

Important Notice

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

Requestor Information – Please Print

First Name Jacqulynn MI M Last Name Wilkins

Company

Mailing Address 1351 Woodintent RD Apt 47

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Complaint was for Consent ~~Rest~~ Police Being

All Cads Report for 2-1-17 to 8-22-17

Cad

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.

PM

In Progress - Open
Denied - Closed
(Filled) - Closed 6
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-2840
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature Date

Police Records

From: [redacted]
Sent: Thursday, August 17, 2017 3:46 PM
To: Police Records
Subject: opra

Accident report
Beth West-Reiss
8/12/17
Route 41 and Deptford Center Road
Case# 17-028579

Thanks!

Sent from my iPhone

Not in 8/22/17 8/23/17 DL

PM

Sent 1st page 8/25/17

PM

Done

SEP - 5 2017

1 matt Principato

DEPTFORD TWP
POLICE
2017 AUG 30 AM 11:12

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Vicki Mi Last Name Wastenevich

Company

Mailing Address 43 Woodduck Dr

City Millica Hill State NJ Zip 08062 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Vicki Wastenevich Date 8/30/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Release of Vehicle
police report
accident report
Case# ~~1203158~~ 17030158
8/25/17

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

PM
E-Mailed

In Progress - Open
Denied - Closed 8/31
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-30158
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 AUG 30 AM 10:57

PM

Important Notice

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

Requestor Information – Please Print

First Name Joshua MI J Last Name White

Company

Mailing Address 141 Sagoodintent Rd

City Deptford State NJ Zip 08096 Email none

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joshua White Date 8/28/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

for a workmanscomp case / accident report

3/30/17 Rankin ave

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.

PM

In Progress - Open
Denied - Closed
Filled - Closed 8/29
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-1372 Final Cost 20
Rec'd Date ____ Total ____
Ready Date ____ Deposit ____
Total Pages ____ Balance Due ____
Balance Paid 20

Records Provided

Custodian Signature Date