State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT -4 PM 2:59

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 Tonnersville State NJ Zip 0880 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 10.4.17

Payment Information

Maximum Authorization Cost $ .05

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.

DAVID CORA Child Custody
vs
Shmee Muff
9.29.2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

D1

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-04-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # CAD
Rec'd Date 17-034979
Ready Date ____
Total Pages ____

Final Cost
Total .05
Deposit ____
Balance Due ____
Balance Paid .05

Records Provided

[signature] 1092 10/16/17
Custodian Signature Date

Police Records

From: Brenda Incorvati <[redacted]
Sent: Monday, October 02, 2017 8:31 AM
To: Police Records
Subject: OPRA REQUEST

Good morning,

I would like to put in an OPRA REQUEST for a CALL SIMPLE REPORT for the month of September, 2017 for Chestnut Lane Apartments and Woodcrest Apartments.

Thank you so much for your consideration.

Have a great day!

Brenda

--

Brenda Incorvati, Property Manager

Phone: [redacted]
Fax: [redacted]
Website: [redacted]com

"You never fail until you stop trying"

10-03-17 D1

DEPTFORD TWP POLICE
2017 OCT 12 PM 12:28

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 Nicholas MI ____ Last Name Zinni

Company ____

Mailing Address 207 Stvebridge Ct.

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 [signature] Date 10/12/17

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. MV accident
2. 10/9/17
3. Stvebridge & Hampshire
4. 17-362259

[redacted] e-mail when ready.

[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.

TM

In Progress - Open ____
Denied - Closed 10/13
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-362259
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 10/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE D1

2017 OCT 20 AM 8:49

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 Carla MI ____ Last Name Zirbser

Company ____

Mailing Address 18 Jones 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 [signature] Date 10-20-17

Payment Information

Maximum Authorization Cost $ 25

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. Harrasment Report — CAD Report (Rec) CAD Reports (8-26-17) (8-18-17)
2. Aug 26 & Aug 28 (8-28-17)
3. 10 Murphy Ave Westville NJ 08093 (Case # 17-030-438)
   18 Jones Ave Deptford NJ 08096 (Case # 17-030-02)
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.

D1

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-20-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 25
Deposit ____
Balance Due ____
Balance Paid 25

Records Provided

[signature] 0082 Custodian Signature 10/23/17 Date

DEPTFORD TWP POLICE

2017 OCT 20 PM 1:31

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 Maria MI A Last Name Zampaglione

Company JC Penny Salon

Mailing Address 2604 Kings Hwy Apt. 3

City Clarksboro State NJ Zip 08236 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 Maria Zampaglione Date 10-20-17

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.

Reassessment Change +
Prosecution of Labor

17-37363

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
Filed – Closed 10/20/17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-37363
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 6
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature #0282 Date 10/23/17

DEPTFORD TWP
POLICE
2017 OCT 16 PM 2:09

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 Andrea MI F Last Name Yule III

Company

Mailing Address 20 N. Broad St Apt. 2

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____

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 10/16/17

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.

1. Accident Report 3/15/16 Whitehead 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.

AD

In Progress - Open _____

Denied - Closed _____

Filled - Closed 10/19/17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # YR 103917

Rec'd Date _____

Ready Date _____

Total Pages _____

Records Provided

Final Cost

Total 10

Deposit _____

Balance Due _____

Balance Paid 10

[signature] 10/19/17

Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT -5 PM 12:56

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

estor Information – Please Print

st Name Clint MI ____ Last Name Williams

Company ____

Mailing Address 249 Burnam wood drive

City Mt Laurel State NJ Zip 08054 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 ndictable offense under the laws of New Jersey, any other state, or the United States.

Signature Clint Williams Date 10/5/17

Payment Information

Maximum Authorization Cost $ 7

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 Report
2. Sept 27th
3. Seven Star Diner 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.

D/ e-mailed

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-034286
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

0182 Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP.
POLICE
2017 OCT 11 PM 3:50

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 Karen MI R Last Name Whitbeck

Company

Mailing Address 1351 Good Intent Rd #65

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 Karen R. Whitbeck Date 10-11-17

Payment Information

Maximum Authorization Cost $ 35

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.

Complaints called in about apartment #67
Dispute 8-7-17 7-29-17 Investigation
17-026588
17-027-896
Noise Complaint 8-10-17
17-028-401
9-4-17
17-031497
Domestic 9-22-17 17-038881

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 10-11-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost
Total -35
Deposit ____
Balance Due ____
Balance Paid -35

Records Provided

Custodian Signature 10/16/17 Date

Police Records

From: [redacted]
Sent: Tuesday, October 24, 2017 11:20 AM
To: Police Records
Subject: OPRA

Accident - Rachel Weiss
Location: Clements bridge Road
Date: October 21, 2017
Case number - 17-037-807

D1
10-24-17

DEPTFORD TWP
POLICE
D

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT 10 AM 10:45

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 Wendy MI J Last Name Wilcox

Company

Mailing Address PO Box 114

City Sewell State NJ Zip 08080 Email [redacted]

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 Wendy J. Wilcox Date 10/10/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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 Report
(2) 10/7/17
(3) Rt 45 + Parkville Station Rd
(4) Report # 17-036026

[redacted]

Please mail + email thank you!

also Mailed 10/18/17 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 ___
(Filed) - Closed 10/18
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-036026
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

Custodian Signature 5782 Date 10/19/17

PM

DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT 27 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 Laura MI ____ Last Name Vernell-Waller

Company ____

Mailing Address 10 Laurel Ct

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 [redacted] Date 10-27-2017

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.

CADS REPORT For 11 Laurel Ct. Deptford NJ 08096
1-1-2016 - 2017/Oct./27

[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

10/30

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

AGENCY USE ONLY

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

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

Records Provided

[redacted] 10/27/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 24 PM 1:12

TM

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 Nembhard MI R Last Name White

Company

Mailing Address 215 East Linden St

City Clayton State NJ Zip 08312 Email N/A

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 / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature R White Date 10/24/17

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 7/1/215 Clementon Bridge 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.

TM

In Progress - Open ___
Denied - Closed ___
Filled - Closed 10/31/17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

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

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

Records Provided

#5582 10/31/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT -4 PM 1:47

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 Ashley MI M Last Name Worrell

Company

Mailing Address 485 Deptford Ave Apt 301

City Westville 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 Ashley Worrell Date 10-4-17

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.

10-2-17 Stolen baby food wic checks out of car

Fasola Park, 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.

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

#5192 Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 26 AM 8:28

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 E Last Name Wharton SR

Company

Mailing Address 424 Carson Ave

City Deptford State NJ Zip 0[redacted] 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 James E Wharton SR Date 10-26-17

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
2 10-19-17
3. Deptford
4:

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 10-26-17
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 10/31/17

RM Done

Police Records

From: [redacted]
Sent: Friday, October 27, 2017 1:07 PM
To: Police Records
Subject: Opera

#0582 14/31/17

Accident date 10/07/2017 @ Deptford mall parking lot

Norbert Velez
Sent from Yahoo Mail on Android

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

2017 OCT 27 PM 1:17

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 JOHN MI A Last Name VAN OYEN

Company

Mailing Address 468 COLLEGE BLVD

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 10-27-17

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- Accident report - car -
2- 10-20-17
3- 468 COLLEGE BLVD
WENONAH NJ 08090

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 10/27
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-3805 Final Cost

Tracking # 17-3805 Total $ 10
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid $ 10

Records Provided

[signature] #952 Custodian Signature 10/31/17 Date

10/20 PA
Not in 10/18 DD
10-23 10-24 10-25 10/19 10/20/17
P/O - Amanda Mye

Police Records

From: [redacted]>
Sent: Tuesday, October 17, 2017 10:38 AM
To: Police Records
Subject: OPRA

#0852
10/31/17

accident date: 10/8/17

location: intersection of Almonesson Rd. and Clements Bridge Rd.

driver: Margaret J Viereck (driver of 2016 Acura MDX stopped at red light, driver of Hummer H2 was Eugene C Cabella who stuck the MDX in the rear.

case number: 17036162

Please send me a copy of the police report. Send by email to [redacted] or you can fax to [redacted]

Regards,

Matthew J Viereck
10 Susan Court
Wilmington, DE 19803
[redacted]

DEPTFORD TWP POLICE
2017 OCT 13 PM 3:38

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 Joselito MI C Last Name Velazquez

Company

Mailing Address 6018 Block House Pike Lot 23

City Egg Harbor Twnshp State NJ Zip 0234 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 Joselito Velazquez Date 10-13-17

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 9/16/17

17-33126

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 10/13/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-33126
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature 1052 Date 10/17/17

9/19

17-033506, 17-032443

Police Records

From: [redacted]
Sent: Friday, October 06, 2017 9:08 AM
To: Police Records; marla viturello
Subject: Re: FW: Marla Viturello - Harassment - 17-033506, 17-032443

Hello-
Since this report there has been an addendum with a broken glass door that has been added to this report. Can you please send that to me?

On Wed, Sep 27, 2017 at 11:23 AM, Police Records <policerecords@deptford-nj.org> wrote:
Marla,

In the above attachment are your requested reports.

Thank you,

Diane-police records

-----Original Message-----
From: Diane McDonnell [mailto:dmcdonnell@deptford-nj.org]
Sent: Wednesday, September 27, 2017 11:34 AM
To: Police Records
Subject: Message from "RNP002673B991F5"

This E-mail was sent from "RNP002673B991F5" (MP C4503).

Scan Date: 09.27.2017 11:33:58 (-0400)

092
10/16/17
DI
10-10-17

DEPTFORD TWP POLICE
2017 OCT -2 PM 1:14

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 Geraldo MI ____ Last Name Valdez

Company ____

Mailing Address 2734 N 2nd Pl

City Philadelphia State PA Zip 19133 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 [signature] Date 10/2/17

Payment Information

Maximum Authorization Cost $ 5

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.

CAD report on 9/25/17 involving his wife

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 10/2/17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-3448

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 5

Deposit ____

Balance Due ____

Balance Paid 5

Records Provided

[signature] Custodian Signature [signature] Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 27 PM 1:21

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 Darlene MI D Last Name Tassi

Company

Mailing Address 461 Dickinson Rd.

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 Darlene Tassi Date 10/27/2017

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.

1. Accident
2. 10/24/2017
3. Cooper St. Deptford
4. [redacted]

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.

PM

In Progress – Open
Denied – Closed 10/30
Filed – Closed
Partial – Closed

AGENCY USE ONLY

Tracking Information: 17-38196

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 5382 Date 10/31/17

DEPTFORD TWP
POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM 2017 OCT 26 AM 11:11

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 Dean MI P Last Name Tassi

Company

Mailing Address 461 Dickinson Rd

City Wenonah State NJ Zip 08090 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 Dean Tassi Date 10-26-17

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.

Report: Car Acct.
Date 10-24-17
Location Cooper Str Pr. office
case #17-03819

[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.

TM
Emailed

In Progress – Open
Denied – Closed
Filled – Closed 10/30
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3819
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 10/31/17 Date

Police Records

From: [redacted]
Sent: Thursday, October 26, 2017 9:33 AM
To: Police Records
Subject: Opera

I am requesting reports from, October 8,2017 for child custody at deptford police station. And October 22 for child custody at 546 Hemlock terrace.

Also a harrasement report from October 22.. at 546 Hemlock terrace

Parties involved are Joseph Tull and Theresa Tull

Theresa M Tull

> On Oct 26, 2017, at 8:02 AM, Police Records <policerecords@deptford-nj.org> wrote:
>
> Theresa,
>
> You must put Opra in the subject line or we cannot give you any report. You must in the body of the request, put what kind of report it is, the parties involved, the dates and the location.
>
> Thank you,
>
> Diane-police records
>
>
>
> -----Original Message-----
> From: Theresa Tull [redacted]
> Sent: Thursday, October 26, 2017 7:28 AM
> To: Police Records
> Subject: Good Morning
>
> To whom this may concern,
>
> I was wondering if you can send me all my other reports. I also have a harrasment report I filed as well.
> Thank you
>
> Theresa M Tull

PM

#6582
10/19/17

[redacted] A. Mitchell

From: [redacted]
Sent: Wednesday, October 18, 2017 11:27 AM
To: Police Records
Subject: Re: Opra for Damien Taylor

Brittany taylor
Car is leased through Hyundai motor finance under Damien Taylor.
I need an accident report, the car was hit while parked at the deptford mall in the parking lot.
On 8/22/17

Thank you very much.

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 23 AM 10:03

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 Mark MI T Last Name Raczkowski

Company WALMART

Mailing Address 2000 Clements Bridge Road Ste 10

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 100

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 10/23/17

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 from 10/19 from East Deptford walmart...
Joanne Tredway is the subject of the report. She was caught stealing money from the stores accounting office on multiple nights & interviewed as part of an internal investigation.

case# 17-037402

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 _____
Filed - Closed 10-23-17
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

HDS 2 10/24/17
Custodian Signature Date

Officer Stabert 10/11

10/10-

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 12 AM 9:55

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 Najsa MI A. Last Name Poe

Company

Mailing Address 1099 Delsea Dr.

City Westville State NJ Zip 08093 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 N Poe Date 10/12/17

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.

Records from 10/10/2017 Najsa-Poe Vs. Aaron Paynter Brianna Robinson

Records from 07/30/2017 Najsape Vs Briana Robinson Nanisha harvey Adrianna havey Tiana Robinson Rochelle harvey Niana harvey

Both assult

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.

Pick up 10/25

In Progress Open
~~Denied~~ Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost 25

Total
Deposit
Balance Due
Balance Paid 25

Records Provided

Custodian Signature 10/31/17 Date

DEPTFORD TWP POLICE

2017 OCT -6 PM 1:16

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 Jim MI ____ Last Name Parker

Company Atlas Plaster

Mailing Address 430 Swedesboro Ave

City Mickleton State NJ Zip 08056 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 [signature] Date 10-6-17

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.

- Theft / Accident
- 6-22-16
- 16-28205
-

[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.

[signature]

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

AGENCY USE ONLY

Tracking Information

Tracking # 16-28205
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 0
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

[signature] 1052 Custodian Signature 10/16/17 Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 OCT -6 AM 10:52

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 Perinho MI ____ Last Name ____

Company ____

Mailing Address 2303 S Hetland Way Westville, 08093

City Westville State NJ Zip 08093 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 Amber Perinho Date 10-6-17

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.

Last Thursday, A man backed into my car and left minor damage. So he called a police officer and the officer wrote a claim number which is 17-34767. He told me to come by the office to pick up the driver's report.

Walgreens across the street from here. parkinglot

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 ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-34767
Record Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#0082
Custodian Signature

10/16/17
Date

DEPTFORD POLICE
2017 OCT -4 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 Margarita MI ____ Last Name Perrotta

Company ____

Mailing Address 1908 County House Rd.

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 M. Perrotta Date Oct. 4, 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.

1. Accident
2. Sept. 15, 2017
3. Deptford, NJ
4.

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 10-4-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-033992
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 10
Deposit ____
Balance Due ____
Balance Paid 10

Records Provided

#0092 10/16/17
Custodian Signature Date

DEPTFORD TWP POLICE

2017 OCT -4 AM 8:45

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 J Last Name Quinn

Company

Mailing Address 403 Paris Ave

City Brooklawn State NJ Zip 08030 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 Michael J. Quinn Date 10/4/17

Payment Information

Maximum Authorization Cost $ 9

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.

IDENTITY Theft
CASE # 17-035344 10/2/17

Please call: when complete
Michael Quinn
[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.

victim
D

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-10-17
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 1092 Date 10/16/17

DEPTFORD TWP
POLICE
DV
2017 OCT -2 PM 12:02

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 Dawn MI M. Last Name Pullinger

Company

Mailing Address 629 Frankfort Ave.

City Manna State NJ Zip 08057 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 Dawn Pullinger Date 10/2/17

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.

1. Accident
2. 9-15-17
3. Rt 45
4.
5. [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 10-02-17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-032955

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 20

Deposit ____

Balance Due ____

Balance Paid 20

Records Provided

Custodian Signature

Date

Police Records

From: Pat <[redacted]>
Sent: Monday, October 16, 2017 12:44 PM
To: Police Records
Subject: OPRA accident

#092
10/19/17

17-035926
Location Almonesin Rd.
10/6/17
Pat Sweet [redacted]

Sent from my iPhone

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 OCT 11 PM 12:13

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 WILLIAM MI T Last Name PETERS

Company RETIRED

Mailing Address 421 W. 1ST AVE

City RUNNEMEDE State NJ Zip 08078 Email NONE

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 William F. Peters Date 10-11-17

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.

ACCIDENT REPORT
10-9-17 HURFFVILLE Rd.
17-36237
856-939 3442

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 10/19
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-36237
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

#5282 Custodian Signature 10/19/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
1

2017 OCT 17 PM 2:57

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 Joan MI M Last Name Philippi

Company

Mailing Address 1903 Delsea Drive

City Sewell State NJ Zip 08080 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 / I HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joan M Philippi Date 10/17/2017

Payment Information

Maximum Authorization Cost $ 4

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.

2015 Dart 10/17/2017 Accident
10/17/2017
Delsea Drive and Essex ~~at~~ Light

[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 10-20-17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-037200
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 7
Deposit
Balance Due
Balance Paid 7

Records Provided

#092 10/23/17
Custodian Signature Date

PM

Patricia A. Mitchell

From: Papahanges, Peter <[redacted]>
Sent: Monday, October 30, 2017 9:27 AM
To: Police Records
Subject: Opra request

Categories: In Progress/ Printed

#092
10/31/17

Accident
Date: 10/18/2017
RT 47
Case number 17-37329

Thank you,
Peter Papahanges

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE D1

2017 OCT 30 PM 3:35

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 Neil MI R Last Name Perkins

Company

Mailing Address 12 cherry St

City Glassboro State NJ Zip [redacted] 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 [signature] Date 10-30-17

Payment Information

Maximum Authorization Cost $ .20

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 10-17-17
Delsea Drive

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 10-30-17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-037200
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .20
Deposit
Balance Due
Balance Paid .20

Records Provided

#392 Custodian Signature

11/31/17 Date

DEPTFORD TWP POLICE D1

2017 OCT -5 AM 10:40

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 Florencio MI ____ Last Name ORTIZ

Company ____

Mailing Address 216 Powell St

City Gloucester City State NJ Zip 08030 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 Florencio ortiz Date 10-05-17

Payment Information

Maximum Authorization Cost $ .10

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.

Accident report

09-21-17

Delsea Drive

17-33750

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 ____

Filed - Closed 10-05-17

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

#582 Custodian Signature

10/16/17 Date

PAM

Patricia A. Mitchell

From: Jess O'hara <[redacted]>
Sent: Friday, October 13, 2017 11:12 AM
To: Police Records
Subject: OPRA

Done
10/13/17

Accident 8/25/17
Cooper Street

#3192
10/16/17

Case # 17-030124
Jessica O'Hara
404 South Otter Branch Drive
Glendora NJ 08029
[redacted]

If I may I have a copy of the accident report please.

Thank you,
Jess O'Hara
Specification Technical Support
[redacted]

Lighting Solutions
lightingsolutionsinc.net

Office Hours:
Monday - Friday: 8:30 am - 5:00 pm

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 Stefan MI M Last Name Owenby

Company

Mailing Address 590 Lower Landing Rd. 73A

City Blackwood State NJ Zip 08012 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 10/19/17

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.

1.) Accident Report

2.) 10/19/17

3.) Hurfville

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 10/19
Filed – Closed
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3696
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 15
Deposit
Balance Due
Balance Paid 15

Records Provided

[redacted] 10/23/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 23 PM 2:21

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 Josephine MI ____ Last Name Ocasio

Company ____

Mailing Address 749 Tocama blvd

City Vineland State NJ Zip [redacted] 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 [signature] Date 10/23/17

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.

domestic
10/14/17
749 Tocama blvd.
[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.

D1

In Progress ____ Open ____
Denied ____ Closed ____
Filled ____ Closed 10-23-17
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

#582 Custodian Signature 10/24/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 26 PM 3:15

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 Gabriel MI A Last Name Olmo

Company

Mailing Address 1713 Stony Brook Dr

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 [signature] Date 10-26-17

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. Accident Report
2. 10/24/17
3. Stony Brook Dr Deptford NJ
4. 2017038112
5. [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 10-26-17
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

[signature] 10/31/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 OCT 27 PM 2:17

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 Cynthia MI L Last Name Ogbin

Company

Mailing Address 81 E Mercer Ave

City Sewell State NJ Zip 08080 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 [redacted] Date 10/27/17

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. Oct 23 2017
3. 669 Carnell Ave / 109 Ogden Station Rd
4. [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 # 17-03800 Final Cost

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

Records Provided

[redacted] 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 10 PM 1:32

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 DAVID MI A Last Name NEVIUS

Company

Mailing Address 657 Miami Rd

City Wenonah State NJ Zip 08090 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 [signature] Date 10/9/17

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. Harassment
2. [illegible]
3. Club Fitness
4. unknown
5. [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 10/16
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-32 Final Cost

Tracking # 17-32
Rec'd Date
Ready Date
Total Pages

Total 0
Deposit
Balance Due
Balance Paid

Records Provided

[signature] 1032 10/16/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT 13 PM 3:51

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 Sharon MI L Last Name Nitschke

Company

Mailing Address 208 Monument Avenue

City National Park State NJ Zip 08063 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 Sharon Nitschke Date 10/13/2017

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.

Fender Bender in Walmart Parking Lot last week. Copy of Police Report 10/6/17

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.

PM

In Progress - Open
Denied - Closed
Filed - Closed 10/13
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3548
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 1092 Date 10/16/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 10 AM 11:17

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 Cynthia MI ____ Last Name Dotole

Company ~~121 West Ct~~

Mailing Address 121 West Ct

City Blackwood 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 Cynthia Dotole Date 10-10-17

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. Sept. 6th
3. Hurffville Rd Deptford
4. 17-031839.

[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.

DN

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-10-17
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 HDR2 Date 10/16/17

DEPTFORD TWP POLICE
2017 OCT 17 AM 11:44

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 PHILIP MI F Last Name MAIMOLI JR

Company

Mailing Address 6 HAMPSHIRE AVE

City BLACKWOOD 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 Philip J. Maimoli Jr. Date OCT 17, 2017

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.

A. ACCIDENT

B. OCT 13, 2017

C. DEPT FORD MALL

D. 17-3685

[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 ____
Filed - Closed 10-23-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3685
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date 10/24/17

DEPTFORD TWP POLICE
DI
2017 OCT 24 PM 3:34

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 Kiara MI ____ Last Name Norris

Company ____

Mailing Address 303 Vine St Apt 310

City Phila State PA Zip 19106 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 [signature] Date 10/24/17

Payment Information

Maximum Authorization Cost $ .20

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. 10/17/17
3. [redacted]
4. 17-37206

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 ____
Filed – Closed 10-24-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total $ .20
Deposit ____
Balance Due ____
Balance Paid $ .20

Records Provided

[signature] 10/24/17

Custodian Signature Date

Police Records

From: Klacie Norris <[redacted]
Sent: Tuesday, October 24, 2017 1:08 PM
To: Police Records
Subject: OPRA

#052
10/31/17

Accident: Klacie Norris
Narraration pkwy/Delsea dr
Date of accident: 10/17/17
Case number: 17-37200

Klacie Norris MS, RD, LD, CNSC
[redacted]

Sent from my iPhone

10-24-17 DI

DEPTFORD TWP.
POLICE
D

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT -2 PM 12:35

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 Pavel MI ____ Last Name Kapustsionak

Company ____

Mailing Address Republic of Belarus, Minsk, Zabrichnaya str. 12-38

City Minsk State ____ Zip 220000 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 [signature] Date 10.02.2017

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.

1. Theft
2. 10-01-2017
3. Marshalls (Clements Bridge)
4. 17 - 35252

[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.

[signature]

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 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

10-4-2017

Custodian Signature

Date

Police Records

From: Ian Kaigh <[redacted]>
Sent: Wednesday, October 04, 2017 4:40 PM
To: Police Records
Subject: OPRA Request

Hello,

My name is Ian Kaigh. I filed a police report about 16 months ago, in late May or early June 2016, pertaining to the theft of my identity. While I was incarcerated in Garden State Youth Correctional facility, in 2011, someone opened a Comcast account in my name without my permission in Lindenwold. I moved shortly after reporting the crime, and in the process of moving I lost the copy of the report that I had originally received. In order to dispute Comcast over the validity of the debt that they feel I owe, I need to request a second copy of the police report. I'm sorry, but I forget the name of the officer who I spoke to, and I do not have a case number. If it helps, my social security number is 146-80-5662, and my address at the time that I filed the report was 109 Cypress Court, Deptford. Again, it was in May or June of last year. My phone number is [redacted], please feel free to call me if you need anything else from me or if there's anything else I need to do. Thank you.

Ian Kaigh

#0917
10/16/17
D
10-5-17

DEPTFORD TWP POLICE
D1
2017 OCT 31 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 STEPHEN MI ____ Last Name KILCULLEN

Company ____

Mailing Address 1402 NIGHTSHADE DR.

City WILLIAMSTOWN State NJ Zip 08094 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 [signature] Date 10/31/17

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
10/26/17
COOPER ST.
17-38480

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 ____
Filed - Closed 10-31-17
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

[signature] 1052 11/3/17
Custodian Signature Date

PM

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 OCT -4 PM 12:02

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 ____ Last Name KARADONIS

Company PATS PIZZERIA

Mailing Address PO BOX 110

City NATIONAL PARK State NJ Zip 08063 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 M. Karadonis Date 10-4-17

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.

accident
Sund. Oct 1, 2017
DELSEA DRIVE, DEPTFORD

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 10/4
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-552
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D

2017 OCT 10 AM 10:37

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 Brian MI J Last Name Leventon

Company

Mailing Address 1105 Shetland Way

City Westville State NJ Zip 08093 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 Brian Leventon Date 10/10/2016

Payment Information

Maximum Authorization Cost $ 9

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.

01. simple assault

Case # 17-35589

02. 10/03 - 1 to 10/04

03. Inverness apartments

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 DV

In Progress - Open
Denied - Closed
Filled - Closed 10-19-17
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

#0252 10/16/17
Custodian Signature Date

DEPTFORD TWP POLICE D1

2017 OCT 30 PM 3:49

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 ____ Last Name Keiglejr

Company ____

Mailing Address 294 Queen St

City West Deptford State NJ Zip 08086 Email [redacted]

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 Michael Keigle Jr. Date 10-30-2017

Payment Information

Maximum Authorization Cost $ ϕ

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.

Some one opened AN Account the # is 4269 3800 1839 2021 "My Best Buy" Citi Bank VISA

Forgery

10-20-2017

17-038583

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 10-30-17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ϕ

Deposit ____

Balance Due ____

Balance Paid ϕ

Records Provided

4092 Custodian Signature

10/31/17 Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 27 PM 12:32

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 Daniel MI P Last Name Kline

Company

Mailing Address 18 TARAS AVE

City WESTVILLE 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 D P Kline Date 10-27-2017

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.

ASSAULT
10-26-2017
18 TARAS AVE
WESTVILLE NJ 08093

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 10/27
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-3855
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature 10382 10/31/17 Date

Patricia A. Mitchell

From: [redacted]
Sent: Wednesday, October 25, 2017 6:39 PM
To: Police Records
Subject: OPPA

Categories: In Progress/ Printed

#057
10/31/17

Car accident

Roberta Bradis
[redacted]

10/8/17

Deptford Center Road, Deptford NJ

Case # 17-036187

DEPTFORD TWP
POLICE
2017 OCT 16 PM 2:21

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 Jamie MI M Last Name Holloway

Company

Mailing Address 349 Villanova Ave

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 Jamie Holloway Date 10/16/17

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.

criminal investigation

10.15.17

571 Aldegrove Ave Wenonah NJ 08090

17-036975

[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.

victim

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 10-16-17
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 HDSZ Date 10/17/17

DEPTFORD TWP
POLICE
2017 OCT 16 PM 2:10

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 Benjamin MI I Last Name Hasenberg

Company

Mailing Address 820 Valley Drive

City Somerdale State NJ Zip 08083 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 B Hasenberg Date 10-16-2017

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.

Accident Report
Report Number: 17-36438
Officer's Name: P/O Troughton
Date: 10-10-2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AD

In Progress – Open ____
Denied – Closed ____
(Filled) – Closed 10/19/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36438
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

D082 10/19/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 23 AM 8:21

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 [redacted] MI L Last Name Heisler

Company

Mailing Address 10 Hartford Road

City Sewell State NJ Zip 08080 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 Jessica Heisler Date 10/23/17

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
9/18/17
Delsea Drive
Case number 17-033403

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 _____
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

[redacted] Custodian Signature 10/24/17 Date

PM
Done
10-23-17
#0827
10/24/17

Patricia A. Mitchell

From: Elaine M. Hopkins [redacted]
Sent: Monday, October 23, 2017 11:32 AM
To: Police Records
Subject: Opra

Categories: In Progress/ Printed

To whom it may concern,

Please email me a copy of my Police Report, as below-listed:

Accident
Date of Accident: October 14, 2017
Street: Intersection of Hurffville and County House Roads

Please feel free to contact me at [redacted] if there is any information you still require.

Thank you.

Very truly yours,

Elaine M. Hopkins
Secretary to Joseph L. Messa Jr.

123 S. 22nd Street
Philadelphia, PA 19103
[redacted]

DEPTFORD TWP POLICE
2017 OCT -3 PM 2:12

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 Dwan MI M Last Name Honey

Company

Mailing Address 3920 Amon Ave.

City Pennsauken State NJ Zip 08110 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

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

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

Signature [signature] Date 10/3/17

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. Accident
2. 10/2/17
3. Home Depot Deptford, NJ
4. # 17035390
5. [redacted] Emailed

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 ____
Filed - Closed 10/6
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17035390
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature 10/6/17 Date

Police Records

From: Chris Haney [redacted]
Sent: Thursday, October 19, 2017 3:13 PM
To: Police Records
Subject: OPRA Request

Categories: In Progress/ Printed

08096 10/23/17

I, Christopher J. Haney, am requesting a copy of the police report for a traffic accident that occurred on 9/28/16, on Delsea Drive in Deptford.

Please let me know if you require any additional information.

Thank you,

Chris Haney
150 Liberty Way
Deptford, NJ 08096
[redacted]

10-20-17 D

PM Done 10/20/17

Patricia A. Mitchell

#582
10/23/17

From: Chris Haney [redacted]
Sent: Thursday, October 19, 2017 3:13 PM
To: Police Records
Subject: OPRA Request

Categories: In Progress/ Printed

I, Christopher J. Haney, am requesting a copy of the police report for a traffic accident that occurred on 9/28/16, on Delsea Drive in Deptford.

Please let me know if you require any additional information.

Thank you,

Chris Haney
150 Liberty Way
Deptford, NJ 08096
[redacted]

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 OCT 26 PM 12:54

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 Bernice MI ____ Last Name Hensley

Company ____

Mailing Address 271 Pine Street

City Egg Harbor State NJ Zip 08234 Email bfh3

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 Bernice Hensley Date 10-26-17

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.

I am picking up Sons accident Report Steven Pinkus

10-20-17

Delsea Drive

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.

TM

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-3767
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

HD752 Custodian Signature 10/31/17 Date

Patricia A. Mitchell

From: Angelo Imbesi [redacted]
Sent: Tuesday, October 10, 2017 12:10 PM
To: Police Records
Subject: RE: OPRA Request

#592
10/10/17

The address for the attempted theft is
202 Wimbledon way
Blackwood NJ 08012

Sent from Yahoo Mail on Android

On Tue, Oct 10, 2017 at 11:28 AM, Police Records [redacted] wrote:

What is the address for the theft?pat

From: Angelo Imbesi [mailto:apimbesi@yahoo.com]
Sent: Tuesday, October 10, 2017 10:15 AM
To: Police Records
Subject: OPRA Request

Hello,

I am requesting police records for attempt home burglary committed on and before Friday Oct. 6th. Detective Thomas was the detective handling the case.

Thank You,

Angelo Imbesi

202 Wimbledon Way

Blackwood, NJ 08012

[redacted]

10-11-17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 20 PM 2:36

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 Lisa MI ____ Last Name Iannazzi

Company ____

Mailing Address 112 Meadowview Lane

City Wenonah State NJ Zip 08090 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 Lisa Iannazzi Date 10/20/17

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
- 9/25/17
- Case # 17-34352
- [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.

D1

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10-20-17
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 #082 Date 10/23/17

DEPTFORD TWP POLICE
2017 OCT -6 PM 2:11

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 Eileen MI ____ Last Name Johnson

Company ____

Mailing Address 20 Holly Dr.

City W. Deptford State NJ Zip 08096 Email ____

Business Hours Telephone: Area Code 856 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 Eileen Johnson Date 10/6/17

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
Walmart Parking Lot, Deptford, Cooper Dr.
Sept 28, 2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-6-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-033804
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

HS12 Custodian Signature 10/6/17 Date

DEPTFORD TWP
POLICE
DV
2017 OCT -2 AM 11:27

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 Pamela MI E. Last Name Jenkinson

Company

Mailing Address 114 Third St.

City Brooklawn State NJ Zip 08030 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 Pamela E Jenkinson Date 10/2/17

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.

1. accident report.
2. 9/24/2017
3. Delsea Drive Deptford
4. 17-034195
5. [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.

DV

In Progress - Open _____
Denied - Closed _____
Filled - Closed 10-02-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .20
Deposit _____
Balance Due _____
Balance Paid .20

Records Provided

Custodian Signature

Date

PM Done 10/23/17

Patricia A. Mitchell

From: KENNETH JOHNSTON [redacted]
Sent: Wednesday, October 18, 2017 8:44 AM
To: Police Records
Subject: OPRA

#0942 10/23/17

Accident; Deptford Center Rd (10-12-17)

Case#17-36721

Thanks,

Ken

DEPTFORD TWP
POLICE

2017 OCT 26 PM 1:42

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 Henry Jackson MI L Last Name Jackson

Company

Mailing Address 1905 Mania Elena Dr

City Williamstown State NJ Zip 08094 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 ____ Date 10-25-17

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 5/8/17

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.

D

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10-26-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-016429
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#3552 10/31/17

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 26 PM 2:38

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 J Last Name Jaworski

Company Mall Chevy

Mailing Address 1710 Clements Br Rd Cherry [redacted]

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 _____ Date 10-26-17

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.

Veh. Accident
10-19-17
RT 47, Westville
17-3740

[redacted]

Have 1st pg
call 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.

PM

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

AGENCY USE ONLY

Tracking Information 17-3740

Tracking # 17-3740
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

HOSZ
Custodian Signature

10/31/17
Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 OCT 18 PM 2:48

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 NEETIA MI R Last Name MCINTOSH

Company NJDOC

Mailing Address 3804 SHETLAND WAY

City WESTVILLE State NJ Zip 08093 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 [redacted] Date 10/18/2017

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.

1. INCIDENT REPORT
2. 10/12/2017
3. WESTVILLE 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.

PM

In Progress – Open
Denied – Closed
Filed – Closed 10/18
Partial – Closed

AGENCY USE ONLY

Tracking Information 17-36696

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

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

Records Provided

Custodian Signature [redacted] Date 10/19/17

DEPTFORD TWP
POLICE
DJ
2017 OCT 10 AM 11:11

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 John MI T Last Name McCormick

Company

Mailing Address 654 Washington Ave.

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 [signature] Date 10/10/17

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, Burglary Report
Oct 4th 2017; 10-7-14 - case 14-039303
17-035669 and supplements
654 Washington Ave. Deptford NJ 08096

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 10-10-17
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

[signature] #592 Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE DIV
2017 OCT 30 AM 10:36

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 GAZI MI ____ Last Name MAZUMDER

Company ____

Mailing Address 780 HERITAGE ROAD

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 [redacted] Date 10/30/17

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. Accident
2. 10/29/2017
3. BRIDGETON PIKE, DEPTFORD TOWNSHIP
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.

RM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/3
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-038851
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit 0
Balance Due ____
Balance Paid 0

Records Provided

[redacted] 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 16 PM 1:51

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 ANTHONY MI D Last Name MOSCA

Company

Mailing Address 11 VALLEY BROOK CT

City BLACKWOOD State NJ Zip 08012 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 Anthony Mosca Date 10-16-17

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.

ACCIDENT REPORT 10-8-17
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.

In Progress – Open ____
Denied – Closed ____
Filed – Closed 10/16/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-30222
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature 1092 Date 10/19/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D7
2017 OCT -3 PM 3:57

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 Gladys MI D Last Name Mullin

Company Twin Cedars Assisted Living

Mailing Address PO Box 328

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 Gladys Mullin Date 10/3/17

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.

1. Theft
2. 8/24/17
3. Twin Cedars Assisted Living
4. 17-29655

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 ____
Filled – Closed 10-3-17
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 OCT 18 PM 1:09

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 Laurie MI J Last Name Mitchell

Company

Mailing Address 1020 Jericho Lane

City Deptford State NJ 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 Laurie J Mitchell Date 10-18-17

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.

fraud, Credit Card info stolen
10-3-17 made report on 10-11-17

Case # 17-036410

[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.

AD

In Progress - Open
Denied - Closed
Filled - Closed 10/19/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-36410
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature #0182 Date 10/19/17

DEPTFORD TWP POLICE
2017 OCT 17 PM 3:32

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 Richard MI S Last Name Mattera

Company N/A

Mailing Address 1170 Delsea Dr #201

City Westville State NJ Zip 08093 Email N/A

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 10-17-17

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.

Neighbor complaint
10-4-17 (?)
1170 Delsea Dr.
Westville NJ (Deptford)
[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 10-17-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

[signature] #0092 10/19/17
Custodian Signature Date

Police Records

#582
10/9/17

From: ANNE MARIE <[redacted]>
Sent: Monday, October 16, 2017 10:50 AM
To: Police Records
Cc: [redacted]
Subject: OPRA Accident Report

Accident Report
Anne Monaco
Date: 10/9/17
Monmouth Road
Case #: 17-36290
Thank you

Sent from XFINITY Connect Mobile App

10-16-17

DEPTFORD TWP POLICE
2017 OCT 18 PM 12:55

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 Brian MI R Last Name Martin

Company

Mailing Address 214 Somerset Rd

City Deptford State NJ Zip 08096 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 10-18-17

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) incident report
2) 10/16/17
3) Deptford baseball fields (52 Montegue Lane)
4)
5) [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.

mutiw

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-18-17
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

[signature] Custodian Signature 10/18/17 Date

PM

DEPTFORD TWP POLICE

2017 OCT 13 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 STEVEN MI C Last Name MELLEBY

Company KELSCH ASSOC., INC.

Mailing Address 368 13 ROAD W.T.

City Westville State NJ Zip 08093 Email [redacted]

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

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 S.C. Melleby Date 10/13/17

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.

POLICE RECORD
17-36290
ACCIDENT ON 9/9/17
MONMOUTH 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.

PM

In Progress – Open _____
Denied – Closed _____
(Filled) – Closed 10/13
Partial – Closed _____

AGENCY USE ONLY

Tracking Information 17-36290

Tracking # 17-36290
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

#5192 Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 10 PM 2:25

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 MARY MI L Last Name Messner

Company

Mailing Address 753 Isard Rd

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 Mary Messner Date 10-10-2017

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.

1- Window Broke in car.

2- 10-10-17

3- 753 Isard Rd 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.

victim 1

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-036334
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

#052 10/16/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT 20 AM 8:26

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 John MI ____ Last Name Marsh

Company ____

Mailing Address 4 Maplewood LN

City Mantua State NJ Zip 08051 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 10/20/2017

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.

Incident

Case # 17-035087

[redacted]

Date 9/30/17

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.

RM

In Progress - Open ____

Denied - Closed 10/20

Filed - Closed

Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-35087

Tracking # ____ Total ____

Rec'd Date ____ Deposit ____

Ready Date ____ Balance Due 0

Total Pages ____ Balance Paid ____

Records Provided

Final Cost

#0582 Custodian Signature

10/23/17 Date

T

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 24 PM 12:15

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 Elizabeth MI ____ Last Name McMacanamy

Company Bettys Hair Boutique

Mailing Address 1059 Mantua Pike

City West Deptford State NJ Zip 08096 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 [signature] Date 10/24/17

Payment Information

Maximum Authorization Cost $ 15

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 truck.

Date 10/17/17

Location - Mantua Pike

case # 17-037243

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 ____
Filed – Closed 10-24-17
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

[signature] 10/31/17
Custodian Signature Date

Deptford Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-845-5300 Fax:

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $ 17.05

Select Payment Method

Cash Check Money Order

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

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

82 reports @ .05 per pg. 197 pgs = 9.85 + 7.20 ta 17.05

Start Date 10/8/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

DV

In Progress - Open _____

Denied - Closed _____

Filled - Closed 10-26-17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total 17.05

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature [signature] Date 10/31/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 26 PM 3:44

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 Eugene MI _____ Last Name Minniti

Company _____

Mailing Address 106 Hilltop Ct.

City Mullica Hill State NJ Zip 08062 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 Eugene Minniti Date 10-26-17

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
10-22-17
Parking lot at IKEA theatre across from Adelphia
Ref 17-037-807
[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 10-26-17
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 #052 Date 10/31/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 25 PM 3:17

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 William MI H. Last Name McDonald

Company

Mailing Address 24 W. Woodbury Ave.

City Pine Hill State NJ Zip 08021 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 10/25/17

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

10/19/17

Location: Cooper St.

17-037413

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 ____
Filed - Closed 10-25-17
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

[signature] #0952 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 OCT 30 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 Alexander MI ____ Last Name Malena

Company ____

Mailing Address 909 Livingston Ct.

City 08012 Turnersville State NJ Zip 08012 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 Alexander Malena Date 10/30/17

Payment Information

Maximum Authorization Cost $ .10

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.

10/23/17

Hurffville Rd.

Accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

DY

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-30-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-037952
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#092 Custodian Signature 10/31/17 Date

PM

DEPTFORD TWP
POLICE

2017 NOV -3 AM 8:35

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 Kevin MI ____ Last Name McCormick

Company ____

Mailing Address 231 Commissioners rd

City Mullica Hill State NJ Zip 08062 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 Kevin McCormick Date 11/03/17

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. Accident
2. 10/16/17
3. Tanyard rd. Sewell NJ
4. 17-037073
5. [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 11/3
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-37073 Final Cost

Tracking # 17-37073 Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due 0
Total Pages ____ Balance Paid ____

Records Provided

DSZ 11/3/17
Custodian Signature Date

Heather L. Ryan

DEPTFORD TWP POLICE

2017 OCT 31 AM 8:30

From: Simon, Hershaun (RIS-ATL) <[redacted]>
Sent: Wednesday, October 25, 2017 9:05 AM
To: Police Records
Subject: trans # 674976961
Attachments: 0993_001.pdf

Good morning,

We were unable to locate the report for the following request online. Please assist.

Thank you,

Shaun Simon
Records Coordinator
LexisNexis | Risk Solutions
[redacted]

Emailed 10/31/17

PM

Police Records

Emailed 10/30/17 #0252 10/31/17

From: Christine Hinman [redacted]
Sent: Thursday, October 26, 2017 4:00 PM
To: Police Records
Subject: Opra

Theft Date of report 10/19/2017 Christine Hinman 188 Chancellor Dr Deptford nj 08096 phone [redacted] Please e mail report. [redacted]

Sent from my iPhone

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 27 AM 11:08

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 Mark MI T Last Name Hands

Company Steffs Investigations

Mailing Address 164 Valley Rd

City Hillsborough State NJ Zip 08844 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 Mark Hands Date 10/27/17

Payment Information

Maximum Authorization Cost $ 5.00

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.

Police Report
for MVA on Fri 10/20/17 at approx 4:00 PM
at the intersection of Delsea Dr + Hurffville Rd.
(Rinkels)

[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.

D1

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-27-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-032667
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

Custodian Signature 10/31/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 24 PM 1:21

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 Grall

Company

Mailing Address 312 Chapel Heights Road

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code Number Extension

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

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Grall Date 10/24/17

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.

Car accident
10/23/17
Tanyard Road

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 10/24
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-379-AR
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature Date 10/31/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP. POLICE DI

2017 OCT 25 AM 11:49

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 Marlon MI ____ Last Name Hall

Company ____

Mailing Address 15 A Baird Ave

City Pennsburg State NJ Zip 08086 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 M Hall Date 10-25-17

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.

Accident Report of 5-21-17

~~Corp 521~~

17-017989 case number

Cooper Street 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.

D-1

In Progress – Open ____

Denied – Closed ____

Filled – Closed: 10-25-17

Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-017989

Rec'd Date ____

Ready Date ____

Total Pages ____

Records Provided

Final Cost Two copies

Total .20

Deposit ____

Balance Due ____

Balance Paid .20

Custodian Signature [signature] Date 10/31/17

DEPTFORD TWP POLICE
2017 OCT -2 PM 1:18

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 VINCENZO MI ____ Last Name GIULIETTI
Company N/A
Mailing Address 525 NEWTON LAKE DR APT D822
City OAKLYN State NJ Zip ~~08107~~ 08107 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 Vincenzo Giulietti Date ____

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 in Adelphia Lot Approx ~~June~~ 2017, Aug. 17
other driver Back into rear end of my car

Report #17-29148

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 10/2/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-29148
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

AD

Custodian Signature ____ Date ____

PM

Police Records

Done
10/4/17

From: Theresa Gogstad [redacted]
Sent: Monday, October 02, 2017 12:33 PM
To: Police Records
Subject: OPRA

THEFT/FRAUD REPORT
Theresa Gogstad
Case #17-34738 Officer Dalton
Filed 9/27/17

Sent from Yahoo Mail on Android

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 10 AM 9:07

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 Thomas MI ____ Last Name Gannon

Company ____

Mailing Address 911 Stonybrook Dr. W

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 [redacted] Date 10/10/2017

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.

Theft / Fraud Investigation
10/3/2017
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 10/10
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3553
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature HOSZ Date 10/16/17

RM DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT 24 AM 10:31

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 Ralph MI M. Last Name GILLIS

Company

Mailing Address 506 FRIESMILL RD.

City FRANKLINVILLE State NJ Zip 08322 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 Ralph Gillis Date 10-23-17

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.

Simple Assault 10-23-17

Cape May Ave - Cooper St.

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 10/24
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information Final Cost

Tracking # 17-3795 Total
Rec'd Date Deposit
Ready Date Balance Due 0
Total Pages Balance Paid

Records Provided

Custodian Signature #252 Date 10/24/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 26 AM 10:56

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 JOAN MI ____ Last Name GAMBER

Company ____

Mailing Address 8 W. 4th AVE.

City W. Deptford State NJ Zip 08051 Email NONE

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 Joan Gamber Date 10/26/17

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
10/23/17
W. Deptford
2017037994

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 10-26-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .70
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

H0152 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 30 AM 11:47

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 MARIA C. MI ____ Last Name Coglietti

Company ____

Mailing Address 810 BANKBridge CT

City Sewell State NJ Zip 08084 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 Maria Coglietti Date 10/30/2017

Payment Information

Maximum Authorization Cost $ 4

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.

Theft
CAD - 10/30/17
17-038936

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 ____
Filed - Closed 10-31-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 4
Deposit ____
Balance Due ____
Balance Paid 4

Records Provided

Custodian Signature 10311/7 Date

PM

DEPTFORD TWP
POLICE

2017 OCT -6 PM 3:53

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 Wanda MI M Last Name Frazier

Company

Mailing Address 926 Haddon field Road #323

City Cherry Hill State NJ Zip 08002 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 Wanda M. Frazier Date 10-06-17

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.

Accident Report
Best Buy Parking Lot
9-11-17
17-032475

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 10/6
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

#092

Custodian Signature

10/16/17
Date

DEPTFORD TWP
POLICE
D1
2017 OCT -6 PM 2:20

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 Mayra MI A Last Name Rivera-Fuentes

Company

Mailing Address 810 Barlow Avenue

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 _____ Date 10/6/17

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.

1.) Accident
2) September 25, 2017
3) Delsea 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.

D1

In Progress – Open
Denied – Closed
Filled – Closed 10-06-17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # M-034317
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

#0052 10/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 23 PM 1:45

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 Robert MI J Last Name Finnimore

Company

Mailing Address 52 Bruce Dr Deptford

City State NJ Zip 08096 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 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.

Danielle Hartosh Address Harrasment

10-20-17

52 Bruce Dr Deptford NJ

2C:33

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 10/23
Partial - Closed

AGENCY USE ONLY

Tracking/Information 17-3765

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 10/24/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 26 PM 3:45

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 ____ Last Name Faralli

Company ____

Mailing Address 369 Jessup Rd

City Thorofare 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 X Raymond Faralli Date 10/26/17

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) Car accident
2) 10.23.17
3) Cooper Street + Route 47, (Odsea Drive)
4) Report # 2017037955

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 ____
Filed – Closed 10-26-17
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

#5782 10/31/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT 30 PM 2:42

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 Elizabeth MI A Last Name Fisher

Company

Mailing Address 928 Creek Rd Apt C12

City Bellmawr State NJ Zip 0803 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 Elizabeth A Fisher Date

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
Highland Ave + Copper St.
17-038316
[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 10-30-17
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 10852 Date 10/31/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 10 PM 12:57

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 M Last Name FUHRER

Company

Mailing Address 535 GRANDVIEW AVE

City PITMAN State NJ Zip 08071 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 [signature] Date 10/10/2017

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.

CHILD CUSTODY

17-036291

KYLE FUHRER V's FELICIA MECCHELLA

10/9/2017 6:00 P.M

DEPTFORD MALL MACY'S PARKING LOT

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
Filed – Closed 10-16-17
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

[signature] 10/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT -4 PM 3:30

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 Tina MI M Last Name Eickmeyer

Company

Mailing Address 35 Bryce Rd

City Berlin State NJ Zip 08009 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 Tina E Date 10/4/17

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.

Domestic Violence Report Given
July 29-31? 2016
Tina Eickmeyer vs Alfonso Rouse
Location 1170 Delsea Drive Apt 213
Audio Report
Needed for court Oct 16, 2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Di
Sent call
mtns
Done

In Progress - Open
Denied - Closed
Filled - Closed 10-4-17
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

#092 Custodian Signature

10/16/17 Date

Anna Duffy

#072
10/23/17

From: anna duffy <[redacted]>
Sent: Friday, October 20, 2017 9:48 AM
To: Police Records
Subject: Opra Request

Accident report
17-37478
10/19/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 16 AM 9:44

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 MARY MI ____ Last Name DISAVINO

Company ____

Mailing Address 3 BRANDSON LANE

City Sewell State NJ Zip 08080 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 Mary DiSavino Date 10/16/17

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.

Accident
10/14/17
COOPER & ALMQUESSON
CASE #17-036935

Mailed 10-24-17

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.

01 PM Pone

In Progress – Open ____
Filled – Closed 10-24
Partial – Closed ____

AGENCY USE ONLY

Tracking Information 17-36935 Final Cost

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

Records Provided

#092 10/24/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 24 PM 3:15

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 Helena MI ____ Last Name Dupa

Company ____

Mailing Address 31 Peters Lane Apt. B-5

City Blackwood State NJ Zip 08012 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 Helena Dupa Date 10/24/17

Payment Information

Maximum Authorization Cost $ .25

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) 10-15-17
3) Bowcon - 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.

AD

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10/24/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31028
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#052 Custodian Signature 10/31/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE D1

2017 OCT 30 PM 3:11

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 Mark MI S Last Name Dickson

Company

Mailing Address 1939 Point Pleasant 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 Mark S Dickson Date 10/30/17

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
10/27/17
1939 Point Pleasant Ave Woodbury NJ 08096
2017038563

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 10-30-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-038563
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature 1082 Date 10/31/17

DEPTFORD TWP POLICE
2017 OCT -3 PM 1:21

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 Lizette MI ____ Last Name Lawson

Company ____

Mailing Address 820 Hall ave

City Kingsville State TX Zip 78363 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 Lizette Lawson Date 10-3-17

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.

Car accident on 9/16/17
Clementes Bridge 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.

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-33200
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

Police Records

From: Linda Lonabaugh <[redacted]>
Sent: Wednesday, October 04, 2017 10:24 AM
To: Police Records
Subject: OPRA

Accident report for Linda Lonabaugh
Date of accident: 9/28/2017
Location: Morgan Ave and Andy Snyder Road
Case: 17-034826

Thank You

Linda Lonabaugh/SI

See you later.....for now

10-04-17 DI

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT -6 AM 10:24

D1

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 M Last Name LLOYD

Company

Mailing Address 29 SKYLINE CIRCLE

City Sewell State NJ Zip 08081 Email [redacted]

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

Preferred Delivery: Pick Up Y 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 Lloyd Date 10/6/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Y 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 9/26/17 Delsea DRIVE & MARGARET 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.

D1

In Progress - Open ___
Denied - Closed ___
Filed - Closed 10-06-17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-03457
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

Custodian Signature #052 10/16/17 Date

DEPTFORD TWP
POLICE
D1
2017 OCT -6 AM 10:49

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 Miguel MI A Last Name Lopez

Company

Mailing Address 1505 chestnut LN

City Westville State NJ Zip 08093 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 Miguel A Lopez Date 10/6/17

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
8/21/17
17-029643

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 10-6-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-029643
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

#0052
Custodian Signature

10/16/17
Date

T-036174 - Case Number

DEPTFORD TWP POLICE
OCT 11 PM 3:10

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Cynthia Lewis - Telephone [redacted] Please call when finished

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 Cynthia MI A Last Name Lewis
Company
Mailing Address 2049 Barnsboro Rd. Apt. 07
City Blackwood State NJ Zip 08012 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 Cynthia Lewis Date 10/11/2017

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.

1. Accident report
2. Oct 8, 2017
3. Hurffville Rd. going toward Cooper St.
4. No. Report number
4. No e-mail

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 10/12
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # T-36174
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature 792 10/16/17 Date

DEPTFORD TWP POLICE
2017 OCT 19 PM 1:19

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 Adrianna MI L Last Name Laltrella

Company

Mailing Address 627 College Blvd

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ 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 Adrianna Laltrella Date Oct 19, 2017

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash V 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
2. Oct 13, 2017
3. 17-36868
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.

AD

In Progress – Open ____
Denied – Closed ____
Filed – Closed 10/19/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36868
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

HDS2 Custodian Signature

10/23/17 Date

DEPTFORD TWP
POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT 12 AM 11:13

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 Yromisky MI ____ Last Name DeJesus

Company ____

Mailing Address 2049 Barnsboro Rd. Apt Y27

City Blackwood 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 10-12-17

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. Incident Report
2. Date filed
3. Locations
4. Case # 17-35364

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.

motion

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-12-17
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

[signature] 4352 10/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 19 PM 1:32

AD

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 Catherine MI V Last Name Dambrowski

Company

Mailing Address 1342 Bertha Ave

City West Deptford 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 Catherine Dambrowski Date 10-19-17

Payment Information

Maximum Authorization Cost $

Select Payment Method C

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.) 10-16-17

3.) Route 45

Emailed

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 10/23
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-8743
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature #0582 Date 10/23/17

DEPTFORD TWP POLICE
2017 OCT -3 PM 1:27

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 Barry MI C Last Name Mathes

Company

Mailing Address 9 Bentley Ct.

City Sewell State NJ Zip 08083 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 [signature] Date 10/3/17

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.

Copy of Accident Report From Sept. 7-2017
1) Auto Accident
2) 9/7/17
3) Rt 41
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.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-32002
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature

Date

DEPTFORD TWP
POLICE
2017 OCT 20 PM 1:21

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 Ronald MI A. Last Name Drews

Company

Mailing Address 433 Elm Avenue

City Woodbury State NJ 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 Ronald Drews Date 10-20-2017

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.

vechicle accident report on July 15, 2017 approximately 9:30 A.M. ~~In front of~~ 1 Good Intent 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
Filed – Closed 10/20/17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-24807
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature HOSZ Date 10/23/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 OCT 11 PM 2:58

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 Othello MI ____ Last Name DEATH

Company Virtua Health

Mailing Address 304 Harbour Dr

City Palmyra State NJ Zip 08065 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 Othello Death Date 10/11/17

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.

Accident report 10/10/17
Cooper Street
17-036406

[redacted]

17-36406

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 10-20-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36406
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#1282 Custodian Signature 10/23/17 Date

DEPTFORD TWP POLICE
2017 OCT -4 PM 2:55

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 Paul MI D Last Name D'Arcangelo Sr.

Company

Mailing Address 333 HARVEY AVE

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 Paul D'Arcangelo Date 10-4-2017

Payment Information

Maximum Authorization Cost $ .05

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. 10-1-2017
3. 553 & Cattell Rd.
4. 17-35234
5. [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.

D1

In Progress - Open ___
Denied - Closed ___
Filled - Closed 10-4-17
Partial - Closed ___

AGENCY USE ONLY

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

Final Cost
Total .05
Deposit ___
Balance Due ___
Balance Paid .05

Records Provided

#0852 Custodian Signature 10/16/17 Date

DEPTFORD TWP POLICE
2017 OCT 13 PM 1:24

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 Tabatha MI A Last Name Dankel

Company

Mailing Address 814 Little Chestnut St.

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 Tabatha Dankel Date

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. theft
2. 10/9/17
3. Walmart
4.
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.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10/16/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36286
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 6
Deposit ____
Balance Due ____
Balance Paid 6

Records Provided

#5192 10/16/17
Custodian Signature Date

#0982

Opra - Accident

10/16/17

Dave N. DeCorilla

10-3-17

1200 Cooper st

17-0355-35

[redacted]

D

Heather L. Ryan

DEPTFORD TWP POLICE

2017 OCT 11 AM 8:41

From: Dimler, Doris (RIS-ATL) [redacted]
Sent: Tuesday, October 03, 2017 10:47 AM
To: Police Records
Subject: Report 1730381 Samantha Moles

Categories: replied to sender, In Progress/ Printed

#092 10/16/17

Good Morning,

I am checking on this report to find out if this report is classified as an accident or a crime report.

This was on 8/27/2017 on 1450 Clements Bridge Rd, Deptford, NJ.

This case involved a Samantha Moles and a Shauna Donohoe report number 1730381.

Any updates or information will be greatly appreciate.

Thank you.

Doris Dimler
LexisNexis
Records Coordinator
[redacted]
Phone: [redacted]
Choose option 3 then extension
Fax: [redacted]

Report Not needed
cleared 10/11/17

DEPTFORD TWP POLICE
2017 OCT 11 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 Eric MI D Last Name Debnick

Company Aion (Timber Pointe)

Mailing Address 1351 Good Intent Rd

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 Eric Debnick Date 10-11-2017

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.

17-033581 9-22-17 Dispute
17-031497 9-04-17 ~~Dispute~~ Noise complaint
17-026568 7-29-17 Invest

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.

A-D

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10/11/17
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 10/16/17 Date

7

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT -3 PM 2:36

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 Yromisza MI ____ Last Name DeJesus

Company ____

Mailing Address 2049 Barnsboro

City Blackwood 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 [redacted] Date 10-3-17

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. Incident Report
2. Sept. 29th.
3. Walgreens Cooper & Delsea
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.

D1 e-mailed

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-06-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03536
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [redacted] Date 10/16/17

#1592
10/24/17 PM

Police Records

Done
10/24/17

From: Penny DeGeorge <[redacted]>
Sent: Tuesday, October 17, 2017 4:03 PM
To: Police Records
Cc: Tony Isabella
Subject: Re: Penny DeGeorge - Burglary's

Thank you for your prompt response. The GC Habitat property at 876/878 Tanyard Road was burglarized and reported on or around 8/24/17 and I didn't see that on this report.

From: Police Records <policerecords@deptford-nj.org>
Sent: Tuesday, October 17, 2017 11:57 AM
To: Penny DeGeorge
Subject: FW: Penny DeGeorge - Burglary's

Penny,

In the above attachment is what you requested. This is everything that we have.

Thank you,

Diane-police records

-----Original Message-----
From: Diane McDonnell [redacted]
Sent: Tuesday, October 17, 2017 12:08 PM
To: Police Records
Subject: Message from "RNP002673B991F5"

This E-mail was sent from "RNP002673B991F5" (MP C4503).

Scan Date: 10.17.2017 12:07:52 (-0400)

DEPTFORD TWP POLICE
2017 OCT -2 - PM 3:01

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 Kayla MI M Last Name Davis

Company

Mailing Address 236 Syracuse Ave

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 Kayla Davis Date 10/02/17

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.

Police report, accident
09/25/17
Delsea Dr., Deptford
[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.

AD

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

AGENCY USE ONLY

Tracking Information
Tracking # 10217
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature

Date

Police Records

From: Colleen Davenport <[redacted]
Sent: Monday, October 30, 2017 1:47 PM
To: Police Records
Subject: OPRA REQUEST

Anna,

As per our telephone conversation today, 10/30/17 – I am requesting a report on Kathleen McClellan.

Kathleen McClellan
709 Stonybrook Drive
Deptford, NJ 08096

I had two calls in for her as a Wellness check – see below

On or about 4/27/17 and 8/10/17

If you have any questions please feel free to contact me ([redacted] ext.[redacted] or [redacted]

Thank you,

Colleen Davenport
Human Resources

Police Records

#092
10/17/17

From: Penny DeGeorge [redacted]
Sent: Monday, October 16, 2017 3:28 PM
To: Police Records
Cc: Tony Isabella
Subject: OPRA

Hi,

my name is Penny DeGeorge and I volunteer for Gloucester County Habitat for Humanity. GC Habitat owns two properties along Tanyard Road in Deptford - 876 and 878. That property was robbed three times in 2017, the last robbery was during the week of August 24, 2017. The police and a neighbor both reported other burglaries during September/October. It's very dark in front of those two lots with no street lights within 100 yards of the property. I'd like to request the Township install street lights in the area, so am seeking burglary data.

I'm requesting records of theft and burglary from January 1, 2017 to present along the block between Orchard Lane and Carter Avenue. The street addresses in that block along Tanyard Road are 869 Tanyard to 898 Tanyard.

I'd appreciate electronic records as we don't have money in the budget to pay for paper copies.

Thank you,

Penny DeGeorge
856-725-3043

10-17-17 DI

DEPTFORD TWP POLICE
2017 OCT 18 AM 11:40

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 John MI — Last Name DLulls

Company

Mailing Address 156 Edison rd

City Cherry Hill State NJ Zip 08034 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 John Date 10-18-17

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) Theft Report - over 99,00
2) 08-10-15
3) Deptford
4) 17016816

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 10-18-17
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

#0952 Custodian Signature 10/19/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 31 PM 12:52

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 ANN MI M Last Name DELONG

Company

Mailing Address 14 Parkview Dr

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 Ann M. DeLong Date 10/31/17

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.

1) AUTO ACCIDENT REPORT
2) ON 10/29/17
3) ALMONESSON + Clements Bridge Rd
4) CASE # 20170388837
[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.

D1

In Progress - Open _____
Denied - Closed _____
Filed - Closed 10-31-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .20
Deposit _____
Balance Due _____
Balance Paid .20

Records Provided

HDSZ 11/3/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT 10 AM 8:45

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 Elizabeth MI D Last Name Carr

Company

Mailing Address 207 A. Austin Ave

City Barrington State NJ Zip 08007 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 Elizabeth D Carr Date 10-10-17

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
9-29-17
Clements Bridge 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.

D

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-034948
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

#0982 Custodian Signature 10/16/17 Date

PM done 10/16/17

Patricia A. Mitchell

#0192 10/16/17

From: Louis Cacia <[redacted]
Sent: Monday, October 16, 2017 10:04 AM
To: Police Records
Subject: Oprah

Categories: In Progress/ Printed

Good morning,

I am inquiring about obtaining the police report of the accident which occurred on Friday October 6, 2017. The accident occurred at the traffic light on Deptford Center Rd. in front of the entrance of Best Buy.

Thank you.

Louis Cacia

DEPTFORD TWP POLICE
2017 OCT 30 PM 1:43

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 Cora DNiD 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 / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10-30-17

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.

DNiD Cora
VS
Shanee Huff
Child Custody
10.29.17
Sears Deptford mall

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 10/30/17
Filed - Closed
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-5801
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

[signature] 5792 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 OCT -4 PM 2:59

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 080[illegible] 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 10.4.17

Payment Information

Maximum Authorization Cost $ .05

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.

DAVID CORA Child Custody
VS
Shawee Mieff
9.29.2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

D1

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 10-04-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # CAD
Rec'd Date 17-034979
Ready Date ____
Total Pages ____

Final Cost
Total .05
Deposit ____
Balance Due ____
Balance Paid .05

Records Provided

[signature] #0052 10/4/17
Custodian Signature Date

DEPTFORD TWP POLICE
D
2017 OCT 10 AM 8:45

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 Elizabeth MI D Last Name Carr

Company

Mailing Address 207 A. Austin Ave.

City Barrington State NJ Zip 08007 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 Elizabeth D Carr Date 10-10-17

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
9-29-17
Clements bridge 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.

D

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-03948
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RM

DEPTFORD TWP POLICE

2017 OCT 20 AM 9:19

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 DUNG MI H Last Name LE

Company

Mailing Address 35 WILLIAMS 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 [signature] Date 10/20/17

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, 10/8/17 : DEPTFORD CENTER ROAD

Call When Ready

Mailed 10-25-17

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.

RM

In Progress - Open
Denied - Closed
Filed - Closed 10/25
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-36187
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit 0
Balance Due
Balance Paid

Records Provided

HOSZ 10/31/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 OCT 25 PM 12:25

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 Robert MI C Last Name Leite

Company Self

Mailing Address 6950 Castor Avenue

City Philadelphia State PA Zip 19149 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 [signature] Date 10/25/17

Payment Information

Maximum Authorization Cost $ .05

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.

Police Report (Custody)
9/15/17
124 Royal Avenue
RLeiteORLawfirm.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.

D1

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-25-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .05
Deposit ____
Balance Due ____
Balance Paid .05

Records Provided

#0052 Custodian Signature 10/31/17 Date

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

2017 OCT 27 PM 12:37
2017 OCT 27 PM 12:37

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 Ruel MI F Last Name Laureta

Company USPS

Mailing Address 1265 Hurffville Rd

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 10/27/17

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.

Report Number 17-37260
Officer - Pod Card #5243

10/17/17

Postal service

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 10/27
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # 17-37260
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

[signature] 10/31/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT 27 AM 11:56

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 Christina MI M Last Name Lawrysh

Company

Mailing Address 505 Temple St

City Wenonah State NJ Zip 08090 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 Christina Lawrysh Date 10-27-17

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
10-2-17
Temple Street
17-35315
[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 10-27-17
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

1092 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D-1
[redacted] PM 2:43

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 Yvette MI S Last Name Lewis

Company

Mailing Address 55 Fox Hollow Lane

City Sewell State NJ Zip 0808 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 Yvette S. Lewis Date 10/18/17

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.

Copy
Accident 10/16/17 Deptford Center
RD
17-037158

[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
DR

In Progress - Open
Denied - Closed
Filed - Closed 10-24-17
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

[redacted] 1052 10/31/17
Custodian Signature Date

PM done 10/16/17

Patricia A. Mitchell

From: Louis Cacia [redacted]
Sent: Monday, October 16, 2017 10:04 AM
To: Police Records
Subject: Oprah

#0192 10/16/17

Categories: In Progress/ Printed

Good morning,

I am inquiring about obtaining the police report of the accident which occurred on Friday October 6, 2017. The accident occurred at the traffic light on Deptford Center Rd. in front of the entrance of Best Buy.

Thank you.

Louis Cacia

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 32 PM 2:47

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 Diane MI M Last Name Cheli

Company

Mailing Address 6 Constitution Court

City Deptford State NJ Zip 08096 Email [redacted]

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

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 Diane Cheli Date 9-1-2017

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.

Case # 17-30616 8-30-2017
Auto accident on Almonesson Rd near Deptford Center Rd.
Was raining outside and my car slid on wet road
when cars ahead of me stopped abruptly. I turned
my wheel left to avoid the car in front of me and
slightly grazed the (Rear) back left bottom part of the car.
No dents to their car occurred, only faint paint marks.

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.

PM

In Progress - Open
Denied - Closed
Filed - Closed 9/1/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-30616
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 OCT -4 PM 3:34

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 Ashley MI Y Last Name Campbell

Company

Mailing Address 28 Walker AVE

City Deptford 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 Ashley Campbell Date 10/4/17

Payment Information

Maximum Authorization Cost $ .25

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.

- car accident
- 9/20/17
- by Skating Rink
- [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.

D1

In Progress - Open
Denied - Closed
Filled - Closed 10-04-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-033681
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature HOSZ Date 10/16/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 26 PM 3:55

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 C Last Name Campo

Company

Mailing Address 213 A Bells Lane Rd

City Turnersville State NJ Zip 08012 Email

Business Hours Telephone: Area Code Number 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 10/26/17

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
Occured on 10/19/17
RCGC Parking Lot

[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 # 17-037440
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

[signature] 1582 Custodian Signature 10/31/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D

2017 OCT 30 PM 12:16

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 Matthew MI J Last Name Cavanaugh

Company Old Philadelphia Associates

Mailing Address 4 Palomino Trail

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 10/30/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash Y 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
10-6-17
Hurfville Rd
17-035967

[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
Filed – Closed 10-30-17
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

[signature] Custodian Signature 10/31/17 Date

PM
Done

Police Records

OPRA
10/23/17

From: Linda Cox [redacted]
Sent: Wednesday, October 18, 2017 1:52 PM
To: Police Records
Subject: OPRA REQUEST

Hello,

I am requesting a copy of a police report. Please e-mail me a copy at your earliest convenience. Thank you.

Accident report
Deptford Centre Rd
17-37028

Linda Cox

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 18 PM 3:31

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 Sheila MI ____ Last Name Coy

Company ____

Mailing Address 1401 Glassboro Rd.

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 email

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

Signature Sheila Coy Date 10/18/2017

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.

Robert Lee Young
6950 Easton Ave.
Phila, PA

Sheila Coy
1401 Glassboro Rd
Wenonah NJ

Amanda Wanza
124 Royal Ave
Woodbury Hts, NJ

* CHILD CUSTODY *
Location 124 Royal Ave.
Woodbury Hts NJ 08097
9-1-17
17-031069

[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 10-18-17
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

Custodian Signature

10/19/17
Date

DEPTFORD TWP POLICE
2017 OCT 18 PM 2:26

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 Jean + Ken Carver MI ____ Last Name ____

Company ____

Mailing Address 612 Georgetown Rd

City Wenonah State NJ Zip 08090 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 10/18/17

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.

Jarburg

10/15

#17-37020

[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.

mailed

In Progress - Open ____

Denied - Closed ____

Filed - Closed 10-18-17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Records Provided

Final Cost

Total 0

Deposit ____

Balance Due ____

Balance Paid 0

HSG 10/19/17

Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 OCT 17 PM 3:52

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 DAVID MI ____ Last Name CORA

Company ____

Mailing Address 119 Trent RD

City Turnersville 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 [signature] Date 10.17.17

Payment Information

Maximum Authorization Cost $ .05

Select Payment Method

Cash X Check ____ Money Order ____

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

DAVID CORA
VS
SHANEE HUFF
CHILD CUSTODY

10.3.17
NON PICKUP SEARS DEPTFORD MALL
AT 5:30PM

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 10-17-17
Partial ____ Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total .05
Deposit ____
Balance Due ____
Balance Paid .05

Records Provided

[signature] 10/17/17
Custodian Signature Date

Pam

Police Records

From: Bustos, Julio (RIS-ATL) [redacted]
Sent: Tuesday, October 31, 2017 2:12 PM
To: Police Records
Subject: Accident Report Request

Done
11-1

Diane,

Per our phone conversation, here is the report that I'm looking for.

#0592
11/3/17

Report# 17-029099
Name: Jeffrey Kirby
DOL: 08/16/2017
Location: 1345 Hurffville Rd.

Thanks!

Julio Bustos
Records Coordinator
LexisNexis | Risk Solutions
[redacted]

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 24 AM 10:01

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 John MI A Last Name Boccaleri

Company

Mailing Address 69 Winfield Rd

City Sicklerville 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 John A Boccaleri Date 10-24-17

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
10-23-17
RT 47

[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 10/24
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-58000
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

HDS2 Custodian Signature

10/24/17 Date

DEPTFORD TWP
POLICE
D1
2017 OCT 17 PM 12:22

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 Priyanka MI M Last Name Bhalodia

Company

Mailing Address 332 N Black Horse Pike

City Blackwood 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 P. M Bha Date 10/17/2017

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.

For Accident Report.
Dhrukumar Bhalodia.
- 10/14/2017
- Cooper St.
- Email address : [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.

FM

In Progress – Open
Denied – Closed
(Filed) – Closed 10/24
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-036935
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit 0
Balance Due
Balance Paid

Records Provided

[redacted] 10/24/17
Custodian Signature Date

P/O - Luke IUY

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 17 AM 10:35

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 MARY JANE MI ____ Last Name BOWEN

Company ____

Mailing Address 2329 S Hutchinson Street

City PHILA. State PA Zip 19145 Email ____

Business Hours Telephone: Area Code 856 Number 676 5267 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 Mary Jane Bowen Date October 17 2017

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.

ACCIDENT REPORT
MARY JANE BOWEN
OCTOBER 14, 2017
ALMONESSON ROAD + COOPER ROAD

cassie550@comcast.net

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 10/20/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3692
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

#0982 Custodian Signature 10/23/17 Date

DEPTFORD TWP POLICE

2017 OCT 23 PM 1:23

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 Brian MI C Last Name Briggs

Company

Mailing Address 58 Candlewood Drive

City Mantua State NJ Zip 08051 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 10/23/2017

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.

Police Report requested 7/24/2017

Accident daughter Megan Briggs

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 17-2598
Partial - Closed ____

AGENCY USE ONLY

Tracking Information: 17-2598

Tracking # 17-2598 Rec'd Date ____ Ready Date ____ Total Pages ____

Final Cost .20
Total .20
Deposit ____
Balance Due ____
Balance Paid .20

Records Provided

[signature] #0912 Custodian Signature 10/24/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 19 PM 1:29

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 Dhavkumar MI M Last Name Bhalodia

Company

Mailing Address 832 N. Black Horse Pike

City Blackwood 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 10/19/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check ___ Money Order ___

[redacted]

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
Date: 10/16/17
Location: Cooper St.
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.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10/24
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31935
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] #5982 Custodian Signature

10/24/17 Date

DEPTFORD TWP
POLICE
D1
2017 OCT 24 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 Dorothy MI E Last Name Baker

Company

Mailing Address 50 Wagner Ave

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 Dorothy Baker Date 10-24-17

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.

Type - ACCIDENT
Date - Oct 19
Report # 17-37469
E Mail - [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.

D1

In Progress - Open _____
Denied - Closed _____
Filled - Closed 10-27-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-32469
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

[redacted] 10/31/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 30 AM 11:20

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 Lisa MI ____ Last Name Brody

Company ____

Mailing Address 102 Weybridge Court

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 10/30/17

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.

Theft Report
102 Weybridge Ct, Wenonah, NJ 8090
September 29 2017
[redacted]
CADS Report
9/22/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

RM

In Progress - Open ____
Denied - Closed 10/30
Filled - Closed 10/31
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-33958 Final Cost

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

Records Provided

[signature] #0052 Custodian Signature 10/31/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 24 AM 8:46

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 Ty MI A Last Name Brown

Company

Mailing Address 134 Maple ave

City Westville State NJ Zip 08021 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 Ty Brown Date 10-24-17

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.

Child Custody
9-26-17
Pick up child at 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.

D1

In Progress - Open _____
Denied - Closed _____
Filed - Closed 10-24-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-034518
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature 1092 Date 10/24/17

Police Records

From: Bustos, Julio (RIS-ATL) [redacted]
Sent: Tuesday, October 31, 2017 2:12 PM
To: Police Records
Subject: Accident Report Request

Diane,

Per our phone conversation, here is the report that I'm looking for.

Report# 17-029099
Name: Jeffrey Kirby
DOL: 08/16/2017
Location: 1345 Hurffville Rd.

Thanks!

Julio Bustos
Records Coordinator
LexisNexis | Risk Solutions
[redacted]

Police Records

From: timberpointe <[redacted]>
Sent: Monday, October 02, 2017 1:42 PM
To: Police Records
Subject: Timber Pointe Police Report Request

#5192
10/16/17

Hello all,

I current work at the Timber Pointe Apartments. We have an ongoing situation with two residents, Karen Whitbeck (apt 065 and Darlene Reichert (apt 053). These two residents have come to the leasing office to make noise complaints regarding Jacqulynn Wilkins (apt 067). From the few times the police have come to the community, they have not found anything that is of concern with Jacqulynn Wilkins apt (067) regarding noise levels.

Jacqulynn Wilkins (apt 067) now feels as if she is being harassed by the other two residents Karen Whitbeck (apt 065) and Darlene Reichert (apt 053). When you have time can we please have a copy of all of the police responses/calls about Jacqulynn Wilkins. We would like to provide this information to Gloucester county HUD office to resolve by transferring one of the residents.

Respectfully,

Eric Debrick, NALP | Leasing Associate | Aion Management
P: [redacted] | F: [redacted]
1351 Good Intent Road, Deptford NJ 08096
[redacted]

AION
MANAGEMENT

10-05-17 D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 31 PM 2:38

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 MICHAIL MI ____ Last Name ANDRIOTIS

Company ____

Mailing Address 1110 STONYBROOK Dr

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 [signature] Date 31/10/17

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) [redacted] Laggage Lost.

2) [redacted] 9/18/17

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.

D1

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-31-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-033395
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .20
Deposit ____
Balance Due ____
Balance Paid .20

Records Provided

[signature] 11/3/17
Custodian Signature Date

DEPTFORD TWP
POLICE
2017 OCT 31 PM 2:4

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 Joseph MI C Last Name Amoroso

Company JAS Development LLC

Mailing Address 203 Eagle Ct

City Moorestown State NJ Zip 08057 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 10/31/17

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 10/27/17

Prem 1 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.

D

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10-31-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-038622

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total .10

Deposit ____

Balance Due ____

Balance Paid .10

Records Provided

[signature] Custodian Signature 10/31/17 Date