State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP -8 AM 9:21

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 Francis ~~Collins~~ MI M Last Name Collins

Company

Mailing Address 24 N. Columbia St

City Woodbury 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 9-8-17

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 8-30-17 Tanyard & Maple Deptford 17-030757

[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 09-08-17
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 Date

Police Records

From: [redacted]
Sent: Thursday, September 28, 2017 11:29 AM
To: Police Records
Subject: OPRA

Requesting a copy of the paperwork for ....

harassment 9/25/17
file #17-34342

Alice
Hagy

PM

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP 28 PM 2:52

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 Rhonda MI R Last Name Hampton

Company

Mailing Address 805 Pinckney Ave

City Leesville State LA Zip 71446 Email [redacted]

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

Preferred Delivery: Pick Up X (or) US Mail X On Site Inspect

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

Signature Rhonda R. Hampton Date 9/27/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

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.

911 Record/Report of Officer Principato from Sunday Sept. 24, 2017 (Death call regarding my father – Ronald G. Geiss) at his home.

116 Winding Way, Westville, 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
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3422
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature

Date

PM

Police Records

From: Brenda Incorvati <[redacted]
Sent: Wednesday, September 27, 2017 11:09 AM
To: Police Records
Cc: Lisa Paradise
Subject: OPRA REQUEST

Good morning,

I would like to put in for an OPRA REQUEST regarinding an incident that occurred at the gates on Wednesday, September 20, 2017 that involved a furniture delivery truck, BEST BUY FURNITURE.

I am putting in a claim with their insurance company and will require that information.

Thank you so much.

--
Brenda Incorvati, Property Manager

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

"You never fail until you stop trying"

PM Done

Patricia A. Mitchell

From: Brenda Incorvati [redacted]
Sent: Friday, September 01, 2017 9:02 AM
To: Police Records
Cc: Lisa Paradise
Subject: OPRA REQUEST FOR CALL SIMPLE REPORTS

Good morning,

I would like to put in an OPRA REQUEST FOR CALL SIMPLE REPORTS for Chestnut Lane and Woodcrest Apartments for the month of August 2017.

I hope I am asking for the correct reports this time, if not, please let me know.

Thank you again for your never ending assistance, it is truly appreciated.

Brenda

--
Brenda Incorvati, Property Manager

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

"You never fail until you stop trying"

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -5 PM 12:34

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 Denise M. Young MI T Last Name Young

Company

Mailing Address 23 Westerly Drive

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 Denise M Young Date 9/5/2017

Payment Information

Maximum Authorization Cost $ 5.75

Select Payment Method

Cash ✓ Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. Police Report
2. 8/20/2017
3. Glassboro Rd + Mail Ave.
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.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 9/5
Partial - Closed ____

AGENCY USE ONLY

Tracking Information Final Cost

Tracking # 17-29555 Total 5.75
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid 5.75

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 SEP 27 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 Rachel MI H Last Name Wright

Company

Mailing Address 694 Hardingville Rd

City Monroeville State NJ Zip 08343 Email [redacted]

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

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

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

Signature [signature] Date 9/27/17

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
9/24/17
Deptford Mall
[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AD

In Progress - Open ____
Denied - Closed ____
Filed - Closed 9/27/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3422
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 SEP 28 AM 8:11

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Tracy MI ____ Last Name Walsh

Company ____

Mailing Address 910 Franklinville 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 Tracy Walsh Date 9-28-17

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 - driver Justin Walsh
2. 9-6-17
3. RCGC Student parking lot
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.

D1

In Progress - Open ____
~~Denied~~ - Closed ____
Filed - Closed 09-28-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03 17 97
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

SEP 28 2017

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP 20 AM 10:29

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 Nicole MI ____ Last Name Wilson

Company Progressive Insurance

Mailing Address 4200 Howard Blvd Ste 110

City Mt Laurel State NJ Zip 08054 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 Nicole Wilson Date 9/20/17

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
- Cooper St Deptford
- PR# 17-032427 / William Fauconniere)
- [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 9/20
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-32427 Final Cost

Tracking # ____ Total 15
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid 15

Records Provided

Custodian Signature ____ Date 9/20

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 22 PM 3:03

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 Marissa MI M Last Name Winner

Company

Mailing Address 8 Spartan 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 M. Winner Date 9-22-17

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
9-2-17
Rt 41 - Good Intent

Marissa Winner

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

PM

In Progress - Open
Denied - Closed
Filled - Closed 9/22
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3126
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

SEP 22

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 20 AM 9:57

PM

Important Notice

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

Requestor Information – Please Print

First Name Harold MI ____ Last Name Walker

Company ____

Mailing Address 303 Metal Wick Ct.

City Mullica hill State NJ Zip 08062 Email h:

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 Harold Walker Date 9/20/17

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.

[redacted]

Car Accident
Tanyard Rd. – 9/16/17

Please email

gave 1st 2 page)

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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
Filed - Closed 9/21
Partial - Closed 9/21

AGENCY USE ONLY

Tracking Information
Tracking # 175197
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 SEP 22 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 Linda MI N Last Name Wood

Company

Mailing Address 896 MANUA Blvd

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 Linda N Wood Date Sept 22, 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 Sept 16, 2017 Huffville 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 9/22
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 15-5320 Final Cost 10

Tracking # 15-5320 Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid 10

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 19 AM 10:06

Important Notice

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

Requestor Information – Please Print

First Name LORRAINE MI ____ Last Name WALKER

Company ____

Mailing Address 119 Homestead ct

City Woolwich State NJ Zip 08085 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 Lorraine Walker Date Sept 19th 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.

Accident Report.

8-30-17

Glasboro 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 9/19/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36812
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 SEP -6 AM 10:17

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 Joseph MI W Last Name Williams

Company

Mailing Address 4805 Slide Rock CT

City Mansfield State TX Zip 76063 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 Joseph Williams Date 9/6/17

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 1st page given
9/1/17 Glassboro Road & Hurley Ave 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.

e-mailed

In Progress - Open _____
Denied - Closed _____
(Filed) - (Closed) 09-11-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-031032
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total 4
Deposit _____
Balance Due _____
Balance Paid 4

Records Provided

Custodian Signature _____ Date _____

DEPTFORD TWP
POLICE
2017 SEP 11 - PM 3:12

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 Lastin 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 [signature] Date 9-11-2017

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.

Harassment - Neighbor Complaint 11 Laurel Ct Deptford, NJ 08096

8-11-17

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.

DV

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-028513
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature

[signature] Date

State of New Jersey
Deptford Township

GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 21 AM 8:40
DEPTFORD TWP POLICE
2017 SEP 21 AM 8:40

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 D'Licia MI ____ Last Name Walton

Company ____

Mailing Address 1020 Kings Hwy

City Bellmawr State NJ Zip 08031 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 DLicia Walton Date 9-21-2017

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.

Theft
April 1st 2017
Deptford, NJ Staples
17-32496

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/26/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-32496
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 11 AM 11:43

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 Corey MI L Last Name Smith

Company

Mailing Address 522 4th ave

City Bellmawr State NJ Zip 08031 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 9/11/17

Payment Information

Maximum Authorization Cost $ 9

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.

Car accident Hit and Run
September 3, 2017
Almonesson Rd
Officer Baney
17-031395

[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 09-12-17
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

SEP 20 2017

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP PD SR
POLICE
2017 SEP -8 PM 2:14

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 T Last Name Smith

Company

Mailing Address 21 Patriot Court

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 [signature] Date 9/8/17

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
Accident was on 9/1/17 on Cooper Street, Deptford, NJ
(next to Wal-mart)

My email is: [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 09-11-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03-1048
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

C

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP -8 PM 3:30

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 Sanjay MI D Last Name Sonara

Company

Mailing Address 312 Saunders ave

City Bellmawr State NJ Zip 08031 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature [signature] Date 9-8-17

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 (Hit and Run)
2) 8-31-17
3) Deptford center RD (17-030927)

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 09-08-17
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]
Custodian Signature

Date

DEPTFORD TWP POLICE
D1
2017 SEP 12 AM 11:39

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 Swarndeet MI ____ Last Name Singh

Company ____

Mailing Address 1 maple Dr.

City west berlin State N.J. Zip 08091 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 Swarndeet Singh Date 9/12/17

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.

1. Accident
2. 9/9/17
3. clement bridge Rd
4. 17-032293

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-12-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 15
Deposit ____
Balance Due ____
Balance Paid 15

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE

2017 SEP -8 AM 10:10

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 JOSEPH MI V Last Name SACCO

Company

Mailing Address 604 WEST MADISON AVE

City MAGNOLIA State NJ Zip 08049 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

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

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

Signature [signature] Date 9/8/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

ACCIDENT REPORT KRISTINA SACCO
9/2/17
DEPTFORD BEST BUY ROAD
17-512 35

[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 09-08
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 [signature] Date

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -7 AM 11:48

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 Tatum MI ____ Last Name Scarpaci

Company ____

Mailing Address 1054 Delsea Drive

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 [signature] Date 8/7/17

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.

Theft
aug 31st 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.

D

In Progress - Open ____
Denied - Closed ____
(Filled) - (Closed) 09-07-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-30662
Rec'd Date 17-31912
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date

OPRA REQUEST

I am asking for an OPRA Request for a motor vehicle accident report. The date of the accident was August 21, 2017. The accident location was 20 Clements Bridge Road, Deptford, NJ. The accident involved a UPS vehicle. The driver's name was Erik Ladzenski. I can be reached at [redacted]. My email address is [redacted].

Thank You

Jim Solden

09-07-17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 32 PM 1:03

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 Sarah MI L Last Name Shanni

Company

Mailing Address 812 Vista Way

City Deptford State NJ Zip 08096 Email [redacted]

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

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature Sarah B. Shanni Date 9/1/17

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.

Copy of police report from 8/29/17 - domestic violence
Defendant - Erik Shanni
Location of Incident - address above

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

AP

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-305-B
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

0

Custodian Signature Date

Patricia A. Mitchell

From: [redacted]
Sent: Friday, September 01, 2017 11:28 AM
To: Police Records
Subject: OPRA

Police Records Clerk:

My name is Erik Shanni.
Please provide me with the police report prepared in connection with the following matter:

Domestic Violence (DV),
Police Case #1730573,
Date of incident: 8/29/2017,
Location: 812 Vista Way, Deptford, NJ.

Please email the report to me at your earliest opportunity to [redacted].

Kindly confirm your receipt of this request by return email.

Should you need anything more from me to process this request please advise to this email address.

Thank you for your assistance.

Erik Shanni

Sent from my iPhone

May this Be given Part yes w/redaction

NS

DEPTFORD TWP POLICE

2017 SEP -5 AM 9:30

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Margaret MI V Last Name Schoen

Company

Mailing Address 940 Glassboro Rd

City Woodbury Hts State NJ Zip 08097 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 Margaret Schoen Date 9/5/17

Payment Information

Maximum Authorization Cost $ 1.10

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.

1. Auto accident
2. 8/16/17
3. Glassboro Rd, Deptford
4. 17-02-90-67

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated 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 09-05-17

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-02-9067

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 1.10

Deposit ____

Balance Due ____

Balance Paid 1.10

Records Provided

Custodian Signature ____ Date ____

Police Records

From: New email address [redacted]
Sent: Tuesday, September 26, 2017 8:55 AM
To: Police Records
Subject: OPRA

Accident Report
Tiffani Sierra
9/20/2017
Delsea Drive
17-33611

Sent from my iPhone

SEP 26 [illegible]

09-26-17 DI

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 SEP 27 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 Gregory MI A Last Name SGATES

Company

Mailing Address 317 Woodbury Lake Dr

City Deptford State NJ Zip 08096 Email NO

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 Gregory A Sgates Date 9-27-17

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.

Reginst Police Report of my Stolen Bike From my Home!

17-033777

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-27-17
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

DEPTFORD TWP
POLICE

2017 SEP 29 PM 1:07

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 Wilson MI ____ Last Name Siner

Company ____

Mailing Address 1204 Tanyard Oaks Court

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 Wilson Siner Date 29 Sept. 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.

August 2017
1204 Tanyard Oaks Court, Sewell, NJ 08080
Kaisha Siner
Altercation between friends / burglary

[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 SEP 29 PM 2:11

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 MALKIT MI ____ Last Name Singh

Company MK LLC

Mailing Address 8 CROSSINGS COURT

City MT State NJ Zip 08054 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 MALKIT SINGH Date 9/29/17

Payment Information

Maximum Authorization Cost $ 1.50

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 8/25/17
DeLSEA DR 17-03017

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 ____
X Filled - Closed 09-29-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 1.50
Deposit ____
Balance Due ____
Balance Paid 1.50

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 SEP 11 PM 1:39

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 stevens

Company

Mailing Address 15 selby 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 [redacted] Date 9/11/17

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. 9/9/17
3. cooper st.

[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 9/11/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-32286
Rec'd Date
Ready Date
Total Pages

Final Cost

Total .25
Deposit
Balance Due
Balance Paid .25

Records Provided

SEP 20

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 20 PM 12:17

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 Kevin MI C Last Name Seger

Company

Mailing Address 5 North East Avenue

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 [signature] Date 9/20/17

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.

Police Report/Accident
1/1/15
Clements Bridge Rd, 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.

[signature]

In Progress - Open
Denied - Closed
Filed - Closed 9/20
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 15-821
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 9/20/17
Custodian Signature Date

PM

DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 18 AM 9:57

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 Corey MI L Last Name Smith

Company

Mailing Address 522 4th ave

City Bellmawr State NJ Zip 08031 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 C Smith Date 9/18/17

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.

Hit and Run
9/3/17
Almonesson rd
17-031395
[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 9/18
Partial - Closed _____

AGENCY USE ONLY

Tracking Information 17-31395

Tracking # 17-31395
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

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

Records Provided

Custodian Signature

Date

PM

Patricia A. Mitchell

From: Kelli Swanson [redacted]>
Sent: Tuesday, September 19, 2017 4:50 PM
To: Police Records
Subject: Police Report Request

OPRA, Burglery of stolen car on 9/7/17 at 6:09 from Victoria's Secret in the Deptford Mall Claim number: 17-32004

Kelli Swanson

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP 21 PM 12:11

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jessica MI ____ Last Name Santiago

Company ____

Mailing Address 160 N. Broad St

City Woodbury State NJ Zip 08096 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 9/21/17

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.

Acciden 8/24/17 Shaland Way.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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
Filed - Closed 9/29
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-5006
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date

PM

Patricia A. Mitchell

From: Karen A. Ridgway <[redacted]
Sent: Thursday, September 07, 2017 1:06 PM
To: Police Records
Subject: FW: OPRA

Would like to get a copy of a police report.

Accident Report

(daughter) Morgan McGroarty

Mother- Karen Ridgway

8/4/17 at turkey hill rd.

Thank you
Karen Ridgway

SP-822

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

D1

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -8 PM 12:04

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 Jodeci MI R Last Name Robinson

Company

Mailing Address 149 Franklin St

City Woodbury 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 09/08/17

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

Westville NJ, 08093

17-31784

[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 09-08-17
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] 09-08-17
Custodian Signature Date

Patricia A. Mitchell

From: [redacted]
Sent: Tuesday, September 12, 2017 9:35 AM
To: Police Records
Subject: RE: CASE # 17-31558/ACCIDENT

Importance: High

On 12.09.2017 09:17, Police Records wrote:
SAM'S PARKING LOT DATE 9/4

THANK YOU

> Hi Joe, you have to put accident report date and street and then I can
> send it Pat
>
> -----Original Message-----
> From: [redacted]
> Sent: Thursday, September 07, 2017 10:06 AM
> To: Police Records
> Subject: CASE # 17-31558
>
> OPRA JOESPH RIZZO
>
> 2216 SOUTH WOODSTOCK ST.
> PHILADELPHIA, PA 19145
> [redacted]
> [redacted]
> [redacted]
>
> THANK YOU VERY MUCH,
> JOE

PM

DELSEA REGIONAL SCHOOL DISTRICT
MAINTENANCE - TRANSPORTATION DEPARTMENTS
P.O. BOX 405 FRIES MILL ROAD
FRANKLINVILLE, NJ 08322

PHONE: [redacted] **FAX:** [redacted]

DATE: Sept 19. 2017

TO: Opra Request

COMPANY: Deptford Township Police

FAX # 856-848-4564

FROM: Leslie Rodriguez Email: [redacted]

PAGES TO FOLLOW: (including cover sheet)

MESSAGE: Requesting Accident Report # 17-32125 Driver name : Barbara Pagliarini it happened on Sept 8.2017 on Rt 41 in Deptford just pass Babies r us.

SEP 2017

Police Records

From: Nina <[redacted]>
Sent: Thursday, September 07, 2017 3:41 PM
To: Police Records
Subject: OPRA

PM

Done

Accident - Cynthia Rodriguez
Date of Accident: 03/05/2015 or 04/09/2015
Location: Delsea Drive

SEP 2017

Police Records

From: Doug Raggio <[redacted]>
Sent: Monday, September 11, 2017 3:05 PM
To: Police Records
Subject: OPR

Accident Report

Driver: Daniel Raggio
Date: 09/07/2017
Location: Tanyard Rd & Brenner Ave
Report Number: 17-31946

09-12-17

DEPTFORD TWP POLICE

2017 SEP 15 PM 3:37

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 Alberto MI ____ Last Name Roman

Company ____

Mailing Address 1140 N. 33rd St.

City Camden State NJ Zip 08105 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 9/15/17

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.

1. Complaint on Business for theft on ~~goods~~ money and Services
2. September 7, 2017
3. 1345 Delsea Dr. 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.

pickup

In Progress - Open ____
Denied - Closed ____
Filled - Closed 09-15-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-031997
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ϕ
Deposit ____
Balance Due ____
Balance Paid ϕ

Records Provided

SEP 20 2017

[signature] [signature]

Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 19 AM 9:10

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 Michele MI D Last Name Rhym

Company

Mailing Address 127 Valley Forge Way

City Deptford State NJ Zip 08096 Email [redacted]

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

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect 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 Michele Rhym Date 9-19-17

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.

8-29-17 to 9-19-17
CADS or Reports

AGENCY USE ONLY

Est. Document Cost _____
~~Est. Delivery Cost~~ _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 9/19
Filed - Closed
Partial - Closed

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature

Date 9/19

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 TAYLOR MI C Last Name RIBECCHI

Company

Mailing Address 3 FREEDOM COURT

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 Taylor Ribecchi Date 9/20/17

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.

1. Motor Vehicle Accident
2. 9/15/17
3. Route 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.

PM

In Progress - Open
Denied - Closed
Filed - Closed 9/20
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-330-44 Final Cost 15

Tracking #
Rec'd Date
Ready Date
Total Pages

Total
Deposit
Balance Due
Balance Paid 15

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 SEP 27 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 Tyryn MI A Last Name Russell

Company

Mailing Address 714 West Branch ave

City Pine Hill State NJ Zip 08021 Email

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 Tyryn Russell Date 9/27/17

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.

Accident

deptford avenue

9/27/17

17th ave 033 681

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 09-27-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-033081
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 SEP 28 AM 9:56

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 EARL MI ____ Last Name Robertshaw

Company ____

Mailing Address 162 CARSON CT

City Deptford State NJ Zip 08096 Email [redacted]

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

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

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

Signature [signature] Date 9/28/17

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.
9/17/17 @ 162 Carson CT 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.

D1

In Progress - Open ____
Denied - Closed ____
Filled - Closed 09-28-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-033192
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 9/28/17
Custodian Signature Date

Police Records

From: [redacted]
Sent: Tuesday, September 26, 2017 2:41 PM
To: Police Records
Subject: OPRA

ACCIDENT REPORT
NAME: GENE THOMAS
LOCATION: DELSEA DR
DATE: 6/25/2017
CASE#: 17-34261

Thank you,
Gene Thomas

09-26-17 D1

FM

DEPTFORD TWP POLICE

2017 SEP -6 AM 11:24

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 Daniel MI T Last Name Seniff

Company

Mailing Address 496 Dutch Mill Rd

City Newfield State NJ Zip 08344 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 09-06-2017

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.

1. Motor Vehicle Accident
2. 09-05-2017
3. Delsea Drive + Bankbridge Rd (intersection)
4. Accident Report - Anna Seniff
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.

FM

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 9/11
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-031680
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

0

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 SEP 11 AM 9:24

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 Brenda MI ____ Last Name Ritterson

Company ____

Mailing Address 113 Carnation Dr.

City Deptford State NJ Zip 08096 Email ____

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

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

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

Signature Brenda Ritterson Date 9/11/17

Payment Information

Maximum Authorization Cost $ .25

Select Payment Method

Cash ✓ Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. Accident report
2. 9/9/17
3. Cooper St. Deptford, NJ
4. Case # 17-032286

[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

DJ

In Progress - Open ____
Denied - Closed ____
Filled - Closed 09-11-17
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

SEP 20 2017

Custodian Signature ____ Date ____

DEPTFORD TWP
POLICE
2017 SEP 12 AM 11:10

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 Joseph MI R Last Name Richardson, III

Company

Mailing Address 320 W. Branch Ave #12F

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 9/12/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident Report:
8/28/17
Clements Bridge Rd.
17-30477

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-12-17
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 [signature] Date

DEPTFORD TWP
POLICE
D1
2017 SEP 14 PM 3:07

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 Arielys MI ____ Last Name Rodriguez

Company ____

Mailing Address 3151 Good Intent Rd #086

City Deptford State NJ Zip 08096 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 9/14/2017

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.

1 incident
2 9/12/2017
3 3151 good Intent Rd #086 Deptford NJ 08096
4 x/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.

D1

In Progress – Open ____
Denied – Closed ____
Filled – Closed 09-14-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03264
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature

[signature] Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE D1

2017 SEP 27 PM 3:33

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 Tinsley

Company ____

Mailing Address 134 Mt. Vernon Ct.

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 Tom Tinsley Date 9-27-17

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
9-25-17
PANERA BREAD
17-34349
[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 09-27-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-34349
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 10
Deposit ____
Balance Due ____
Balance Paid 00

Records Provided

SEP 29 2017

Custodian Signature ____ Date ____

Police Records

From: [redacted]
Sent: Tuesday, September 26, 2017 9:38 AM
To: Police Records
Subject: OPRA

Fax Report Chase Toliver 09/22/2017 Deptford Red Lobster 17-033999

Sent from my iPhone

DEPTFORD TWP POLICE

2017 SEP -8 PM 3:58

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 T MI I Last Name DOE

Company

Mailing Address 1319 Delsea 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 Michael T Doe Date 09-08-17

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 - 15-032009.

Date - 09-08-15

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
Filed - Closed 09-08-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 15 AM 11:12

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 Gina MI M Last Name Torres

Company

Mailing Address 528 Delsea Drive

City Westville State NJ Zip 08093 Email [redacted]

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

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature Gina Torres Date 9/15/17

Payment Information

Maximum Authorization Cost $ .20

Select Payment Method

Cash ✓ Check Money Order

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

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

Extras: Extraordinary service fees dependent upon request.

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

1) Accident
2) August 16th 2017
3) Delsea Drive,
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 09-15-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-029082
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 11 PM 1:47

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 Matthew M Valente MI ✓ Last Name Valente III

Company

Mailing Address 37 E Kennedy Dr.

City Laurel Springs State NJ Zip 08021 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 Matthew Valente Date 9/11/17

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. NJTR-1
2. 9/2/17
3. Deptford Center Rd.
4. N/A
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.

AD

In Progress - Open
Denied - Closed
Filed - Closed 9/11/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-31228
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: [redacted]
Sent: Wednesday, September 27, 2017 11:00 AM
To: Police Records
Cc: marla viturello
Subject: OPRA/ harassment report sept8 /vandalism sept17

Hello Diane,
As Per our conversation regarding the residents of 222 Hamshire Dr., deptford, NJ 08096. My name is Marla Viturello I'm the owner of the property and I am requesting the police reports for our hearing tomorrow September 28. The first report is for harassment charges and the parties involved are Brandon Dixon, Reginald child's and leah curry. Vandalism charges are for mariah lane, leah curry and Reginald Childs who destroyed the property by breaking and entering the weekend of sept 15-17.
Please email the reports as soon as possible as the hearing is tomorrow. I appreciate your time,
Thank you.

Marla Viturello RN BSN
[redacted]

09-27-17 D1

DEPTFORD TWP.
POLICE
D1
2017 SEP 26 PM 3:37

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 German MI ____ Last Name Adame-Ventura

Company ____

Mailing Address 58 W Browning Rd

City Bellmawr State NJ Zip 08031 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 German A Date 9/26/17

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. Police Report - Fraud Report
2. October 1995
3. Motor Vehicle, Deptford Social Security Fraud
4.
5. [redacted]

jadame9294@gmail.com

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

DI

In Progress - Open ____
Denied - Closed ____
Filled - Closed 9-27-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

SEP 20 [illegible]

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 SEP 11 AM 9:57

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name John MI ____ Last Name Whitman

Company ____

Mailing Address 209 W. Marion Ave

City Wenonah State NJ Zip 08090 Email ____

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

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

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

Signature [signature] Date 9/11/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

Requesting Accident Report
Gloucester County College

9517 17-031687

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-11-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

[signature]
Custodian Signature

[signature]
Date

DEPTFORD TWP POLICE

2017 AUG 31 PM 12:24

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

8/11/17 faxed 8-29-17

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 Ronald MI J Last Name Hunter

Company

Mailing Address 639 Pine Ave.

City Mantua State NJ Zip 0851 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ 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 Ronald Hunter Date 8-29-17 (waiting on Reply)

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Copies: 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.

Requesting a theft report from TD Bank, West Deptford, NJ. (filed on July 13th 2017)

↑ West Deptford sent EMail Not US pat

Annamee [redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

PM

In Progress - Open
Denied - Closed 8/11/17
Filed - Closed 8/11/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

31-825

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 26 PM 3:16

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 Gryphin MI ____ Last Name Plemmons
Company ____
Mailing Address 133 Progress Ave.
City Woodbury State NJ Zip 08096 Email ____
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____
Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Gryphin Plemmons Date 9/26/17

Payment Information
Maximum Authorization Cost $ 6
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
9/26/17
Gloucester County Institute of Technology
gryphin62@gmail.com
17-034556
[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 emailed

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 $0
Deposit ____
Balance Due ____
Balance Paid $0

Records Provided

[redacted] 1292
Custodian Signature

10/16/17
Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 11 AM 11:31

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 Saira MI ____ Last Name Repin

Company ____

Mailing Address 106 Copperfield Dr

City Deptford State NJ Zip 08096 Email [redacted]

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

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

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

Signature [signature] Date 9/11/17

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 9/2/17
Loc almaneson RD
17031234

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-11-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-031234
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

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

Records Provided

[signature] Custodian Signature

[signature] Date

DEPTFORD TWP
POLICE
2017 SEP 13 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 Dianne MI R Last Name Poolley

Company

Mailing Address 302 7th St.

City Gloucester State NJ Zip 08030 Email

Business Hours Telephone: Area Code 856 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 Dianne Poolley Date 9-13-17

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.

Accident Report & John Park
9-10-17
Walmart Parking lot
Clements Bridge Rd.

[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.

PA

In Progress - Open
Denied - Closed
Filed - Closed 9/20
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-032353
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

DEPTFORD TWP POLICE
2017 SEP 21 AM 10:52

PM

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Dawn MI M Last Name Pullinger

Company

Mailing Address 629 Franklin Ave.

City Manahawkin State NJ Zip 08050 Email [redacted]

Business Hours Telephone: Area Code 856 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 9-21-17

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
2. 9-15-17
3. RT 45

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/21
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 113295 Final Cost 10
Rec'd Date ____ Total ____
Ready Date ____ Deposit ____
Total Pages ____ Balance Due ____
Balance Paid 10

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 21 AM 11:45

P.M

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 E Last Name Ponto

Company

Mailing Address 1347 Cooper St

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 Christina Ponto Date 9/21/17

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
9/15/17
Fox Run Road
17-32992
[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 9/21
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-32992
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

SEP 25 2017

Custodian Signature Date

DEPTFORD TWP POLICE
DV
2017 SEP 27 PM 12:50

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Carmen MI ____ Last Name PENZA

Company ____

Mailing Address 1852 Willow Grove Rd Monroeville, NJ

City Monroeville State NJ Zip 08343 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

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

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

Signature [signature] Date 9/27/17

Payment Information

Maximum Authorization Cost $ .10

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.

2)

3. Delsea Dr. NEAR 7 star Restaurant.

4) Carmenjpenza@gmail.com

[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 9-27-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03263-2
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 9/27/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP. POLICE
2017 SEP 25 PM 2:49

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 Angela MI N Last Name Powell

Company

Mailing Address 416 Chestnut Lane

City Westville State NJ Zip 08093 Email

Business Hours Telephone: Area Code 910 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 Angela N Powell Date 9/25/17

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.

Hit & Run Accident
9.19.17
Chestnut Lane Apartments

[redacted]

Case 17-33685

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

17-33685

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

AGENCY USE ONLY

Tracking Information 17-33685
Tracking # 17-33685
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

Police Records 17-033965 o/o -matt Principato

From: [redacted]
Sent: Friday, September 29, 2017 12:56 PM
To: Police Records
Subject: OPRA request

Hello:

I was in an accident on Friday September 22, 2017 approximately 5:50 PM. It was at the intersection of Clements Bridge Road and Locust Grove Blvd.

I would like a copy of the police report.

My info:

Laura Paffenroth
614 W Blenheim Avenue
Blackwood, NJ. 08012
[redacted]

The other driver is

Christopher Lewandowski
121 Morris avenue
Blackwood, NJ 08012

Please let me know if you need any other information to process this request.

Thank you,
Laura Paffenroth

Sent from my iPhone

Sent from my iPhone

D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 SEP 11 PM 3:16

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 Donna MI ____ Last Name Quinn

Company ____

Mailing Address 100 Parkview Ave

City Somerdale State NJ Zip 08083 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 Donna Quinn Date 9/11/17

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
2) 9/5/17
3) Hurffville Road 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.

D1

In Progress - Open ____
Denied - Closed ____
Filed - Closed 09-11-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03164?
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP -7 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 Holly MI M Last Name Orr

Company

Mailing Address 18 Buckthorn Court

City Deptford State NJ Zip 0802[redacted] Email [redacted]

Business Hours Telephone: Area Cod[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 Holly Orr Date 9-7-17

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.

Copy of police report filed for medication being stolen out of my purse. Theft.

9-5-17

17-031668

AGENCY USE ONLY

Est Document Cost
~~Est Delivery Cost~~
Est Extras Cost
Total Est Cost
Deposit Amount
Estimated 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 09-07-17
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

DEPTFORD TWP POLICE

2017 SEP 11 PM 12:47

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 Thalia MI M Last Name Otero

Company

Mailing Address 9 Cleveland ave

City Blackwood State NJ Zip 08012 Email

Business Hours Telephone: Area Code [redacted] Numb [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 Thalia M Otero Date 11/Sept/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 Police Report Sept 16 17
Daughter accident
Ivaneshka Jiménez Otero
Good Intent Road / Country house Rd. was the accident.
17-031757
[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 09-11-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

SEP 20 2017

Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 21 PM 3:18

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 Thuy Trang MI T Last Name Nguyen

Company

Mailing Address 57 LAVENDER DR.

City SEWELL State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code 610 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 Thuy Trang Nguyen Date 9/21/17

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.

- Got hit by reversed car in parking lots of Wawa
- Sep 15, 2017 (Friday)

AGENCY USE ONLY

Est. Document Cost _____
~~Est. Delivery Cost~~ _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 9/21
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-5292 Final Cost

Tracking # _____ Total _____
Recd Date _____ Deposit 0
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

SEP 25 7:31

Custodian Signature Date

PM Done

Police Records

From: [redacted]
Sent: Friday, September 15, 2017 1:47 PM
To: Police Records
Subject: Opra

Sexual Harassment
Ruth Novelli
9-11-2017 Deptford police station..

Kevin Howarth. Case # 17-32477

Police Records

From: [redacted]
Sent: Tuesday, September 05, 2017 9:00 AM
To: Police Records
Subject: OPRA Request

Good morning
I Glenda Medina Im requesting a copy of police report case number 17-030812 which happen on 8/30/17 in front of MY. Zion Wesley Untd Methodist Church on 1470 Glassboro Road, I was involved in the accident and i would really appreciate this information

Thank you ,
Glenda Medina

DEPTFORD TWP POLICE

2017 SEP 15 PM 12:08

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 James MI N Last Name NIBLETT

Company

Mailing Address 234 Kennedy Av

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 James Niblett Date 9/15/2017

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 Inf... quested. Also, please include the type of a...

LAST

9/13

Gave 1st Pg

-32714

Com

9/22

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

PM

In Progress - Open
Denied - Closed
Filled - Closed 9/22
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-3271d

Rec'd Date

Ready Date

Total Pages

Records Provided

Final Cost

Total

Deposit

Balance Due

Balance Paid

Custodian Signature Date

State of New Jersey
Deptford Township

DEPTFORD TWP
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP 22 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 Christiana MI D Last Name Mann

Company

Mailing Address 274 Marion Ave

City Westville State NJ Zip 08093 Email

Business Hours Telephone: Area Co [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 Christiana Mann Date 9/22/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

accident 9/14/17

Delsea drive.

EMAIL when Ready

GAVE 1st Pg

[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 09-27-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-032855
Rec'd Date
Ready Date
Total Pages

Final Cost

Total $0
Deposit
Balance Due
Balance Paid $0

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE
2017 SEP 26 PM 12:53

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 Re-Kia MI S Last Name Morgan

Company Lowe Home Improvement

Mailing Address 1840 Clements Bridge Rd

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 209

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 9-26-2017

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.

Shoplifting Report

17-32824

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-26-17
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]
Custodian Signature Date

DEPTFORD TWP POLICE

2017 SEP 26 AM 9:53

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 James MI M Last Name Muntz

Company

Mailing Address 131 Arline 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 James M Muntz Date 9-26-17

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. Accident Report
2. Thursday, Sept. 14, 2017
3. 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.

D1

In Progress - Open _____
Denied - Closed _____
Filled - Closed 09-26-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-03285/
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP 29 PM 12:57

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Patricia MI E Last Name Muttalib

Company

Mailing Address 1085 Morton St.

City Camden State NJ Zip 08104 Email

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

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature Patricia Muttalib Date 9-30-17

Payment Information

Maximum Authorization Cost $ 1.15

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.

1. Accident Report
2. 9-1-17
3. Delsea drive
4. 17-31013

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 9/29
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-31013
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 1.15
Deposit
Balance Due
Balance Paid 1.15

Records Provided

Custodian Signature Date

Police Records

From: [redacted]
Sent: Friday, September 29, 2017 2:43 PM
To: Police Records
Subject: Opra

Name:Libia Ledesma
Case#17-033964

Location of crash report: Almenessan Rd./ Clements bridge Rd

Date of crash: 09/22/17

D
09-29-17

DEPTFORD TWP
POLICE
D1
2017 SEP 28 PM 2:31

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Kelly M A Last Name LISK

Company

Mailing Address 521 Muhlenberg 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 Kelly Lisk Date 9/28/79

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.

records for Sean Lisk 521 Muhlenberg Ave Wenonah NJ 08090

Any Medical call reports
Crisis Center transfer reports
Domestic complaints vs. Kelly Lisk
(Same address above.)
Any Criminal reports
any Civil complaints/reports [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 ____
Filled - Closed 09-29-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
2017 SEP 14 PM 1:04

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 Ra-Kia MI S Last Name Morgan

Company Lowes Home Improvement

Mailing Address 1480 Clements Bridge Rd

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

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 209

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 ____

Payment Information

Maximum Authorization Cost $ 40

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.

Report 17-30724
Report 2017-30013 Office Warrington
Shoplifting Reports

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/14/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-30724
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 40
Deposit ____
Balance Due ____
Balance Paid 40

Records Provided

[signature] 9/14/17
Custodian Signature Date

Police Records

PM

From: [redacted]
Sent: Thursday, September 14, 2017 2:13 PM
To: Police Records
Subject: OPRA

Pat:
suspicious incident September 12 2017 chik fil a deptford

Maniscalco, Daniella

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 18 PM 3:23

Important Notice

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

Requestor Information – Please Print

First Name Patricia MI ____ Last Name Mitchell

Company ____

Mailing Address 449 Piney Hollow RD

City Williamstown State NJ Zip 08094 Email [redacted]

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

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

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

Signature [signature] Date 9/18/17

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.

Accident
Delsea DR
9/15/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

DV

In Progress – Open ____
Denied – Closed ____
Filed – Closed 09-18-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-63986
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided
SEP 20 2017

Custodian Signature ____ Date ____

Police Records

From: [redacted]
Sent: Wednesday, September 13, 2017 11:09 AM
To: Police Records
Subject: Opra

Accident cads report
Clemets bridge road 8/27/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 18 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 BARBARA MI A Last Name MARVEL

Company

Mailing Address 161 Riggins Blvd

City Deptford State NJ Zip 0802[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 Barbara A Marvel Date 9-18-60

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Complaint Against Neighbor at 159 Riggins Blvd for threatening to break into my home & rape me.

8-7-17

161 Riggins Blvd 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.

RM

In Progress - Open
Denied - Closed
Filed - Closed 9/18
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE
2017 SEP 19 PM 1:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Renee MI K Last Name Mettinger

Company

Mailing Address 1921 Normandy Ave

City Deptford State NJ Zip 0896 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 Renee K Mettinger Date 9/19/17

Payment Information

Maximum Authorization Cost $ 40

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. Wed 9/13/17 Dispute

2. Sat 9/16/17 Dispute

3. Sun 9/17/17 Dispute

1785 Almonesson Rd, 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.

In Progress - Open ____
Denied - Closed ____
Filled - Closed 9/19/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3286-1
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total $40
Deposit ____
Balance Due ____
Balance Paid 40

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP -6 PM 12:00

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 Patricia MI E Last Name Muttalib

Company

Mailing Address 1085 morton St

City Camden State NJ Zip 08104 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 Patricia Muttalib Date 9-6-17

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.

9-1-17
Car Accident Report
delsea Drive

17-031013

[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.

e-mailed

In Progress - Open _____
Denied - Closed _____
Filled - Closed 09-07-17
Partial - Closed _____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature

Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP -7 PM 12:21

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 Robert MI M Last Name Malekovich

Company

Mailing Address 850 Market Ave.

City Deptford State N.J. 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 Robert Malekovich Date 9-7-17

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.

Fraud 8-31-17 Depit card copy of Reford
want pictures of suspect

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

PM

In Progress - Open
Denied - Closed
Filled - Closed 9/7
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-3095 Final Cost
Rec'd Date Total
Ready Date Deposit
Total Pages Balance Due
Balance Paid

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -8 AM 10:06

Important Notice

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

Requestor Information – Please Print

First Name Thomas MI W Last Name Matthews

Company

Mailing Address 240 E Olive St

City Westville State NJ Zip 08093 Email [redacted]

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

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

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

Signature [signature] Date 9/8/17

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
Case Number 17-31892

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

DJ

In Progress - Open
~~Denied~~ - Closed
~~Filed~~ - Closed 09-08-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

SEP - 8

Custodian Signature

Date

DEPTFORD TWP POLICE
2017 SEP -8 AM 9:00

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 CAROL MI L Last Name Monteith

Company

Mailing Address 42 B. Aspen Hill

City Dept Ford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 5305

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 Carol L. Monteith Date 8/29/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X 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. Car accident
2. 8/29/17
3. Aspen Hill, Deptford
4. Case # 17-30602

AGENCY USE ONLY

Est. Document Cost _____
~~Est. Delivery Cost~~ _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 09-08
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1

2017 SEP -8 PM 3:01

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 Denise MI ____ Last Name Mulholland

Company ____

Mailing Address 30 Algonkin ct

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 Denise Mulholland Date 9/8/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X 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.

Russell Camp called about man trying to sign out a child.

Tara Carr

Custody Report

CAMP Sam

Aug 29

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-08-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-030615
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

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

Records Provided

SEP - 8 2017

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -8 PM 2:26

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 WAYNE MI F Last Name MURPHY

Company

Mailing Address 10 MURPHY AVE

City WESTVILLE State NJ Zip 08093 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 Wayne Murphy Date 9-8-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

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

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

Extras: Extraordinary service fees dependent upon request.

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

THEFT REPORT # 17-030807

8-30-17

WESTVILLE

[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 09-08-17
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

State of New Jersey

Deptford Township
POLICE

GOVERNMENT RECORDS REQUEST FORM

2017 SEP -8 PM 2:00

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 ALBERT MI S Last Name MARTIN JR

Company

Mailing Address 507 WESTERS AVE.

City DEPTFORD State N.J Zip 0808 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 Albert S Martin II Date 9/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

1) ACCIDENT
2) # 17-31210
3) WALMART
4) 9/2/17

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE D1

2017 SEP 15 PM 3:31

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 Joseph MI ____ Last Name McGeever

Company ____

Mailing Address 1301 Clearbrook Ave

City Westville State NJ Zip 08093 Email [redacted]

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

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

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

Signature Joseph McGeever Date 9/15/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ✓ Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

Police Report Break in At my house
9/3/17 Officer Warrington
1301 Clearbrook Ave
[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 09-15-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-031403
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

DEPTFORD TWP
POLICE
2017 SEP 14 AM 11:43

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 Patricia MI L Last Name MacNeil

Company

Mailing Address 6 Mira Lane

City Sewell State NJ Zip 08080 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 [redacted] Date 9-14-17

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. simply assault
2. 8-12-17
3. ~~Be~~ T.D Bank clementon bridge Rd
4. 17-028604
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 09-14-17
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

DEPTFORD TWP
POLICE
2017 SEP -5 PM 2:01

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 Walter MI W Last Name McCleary

Company

Mailing Address 1001 Tanyard 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 9/4/17

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.

1. Theft
2. 8/31/17
3. 1001 Tanyard Rd.
4. EMAIL

[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.

PM

In Progress - Open
Denied - Closed
Filed - Closed 9/11
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-03-039
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -6 PM 12:07

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 LARRY MI C Last Name MAGEE

Company

Mailing Address 106 SANFORD RD

City PENNSVILLE State NJ Zip 08070 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 9/6/17

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.

1. Son's accident report - Sean T. MAGEE
2. Date - 9/1/17
3. Woodbury-Glassboro Rd
4. [redacted]

EMAIL

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

emailed

In Progress - Open ____
Denied - Closed ____
(Filed) - (Closed) 09-07-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31037
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE D1

2017 SEP -5 AM 10:50

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 Oyon MI ____ Last Name Hasan

Company ____

Mailing Address 516 Chestnut lane APt 516

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 [signature] Date 10-5-2017

Payment Information

Maximum Authorization Cost $ 16

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.

- Lost Property Report
- 8-29-17
- Case number 17-03-05-80

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-05
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 16
Deposit ____
Balance Due ____
Balance Paid 16

Records Provided

[signature] 9/5/17
Custodian Signature Date

DEPTFORD TWP POLICE
D1
2017 SEP 28 PM 2:53

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 Natalia MI L Last Name Guzman

Company

Mailing Address 23 b Chestnut St.

City Audubon State Nj Zip 08106 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 Natalia Guzman Date 9/28/17

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 Hurffville Road
9/21/17

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 09-28-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-033285
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 SEP 27 PM 2:40

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 P Last Name Keller

Company

Mailing Address PO Box 227

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 _____ Date 9/27/2017

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.

accident report
9/2017
Deptford Ave. 17-33681

AGENCY USE ONLY

Est. Document Cost _____
~~Est. Delivery Cost~~ _____
~~Est. Extras Cost~~ _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 09-27-17
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

SS 29 [illegible]

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 11 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 Colvin MI T Last Name Knudsen

Company

Mailing Address 2 Hawthorne Woods Apt E

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

Signature CT Knudsen Date 9/11/17

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 for Elaine Lord on intersection of Delsea Drive + Iverness Apts.
Case # 17-031815 Date ~~9/7/17~~ or ~~9/8/17~~ ON 9/6/17

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.

D1

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-031815
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 SEP 12 PM 3:11

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 Kevin MI M Last Name Kominski

Company

Mailing Address 1013 WARREN Ct

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 K M Kominski Date 9/12/17

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.

8/30/17
Above Address

17-030903
Criminal Mischief

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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
Filled - Closed 09-12-17
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

Custodian Signature Date

DEPTFORD TWP POLICE

2017 AUG 14 AM 8:08

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 Karen MI B Last Name Kuntz

Company

Mailing Address 23 Old York Rd.

City Turnersville State NJ Zip 08012 Email

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

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature [signature] Date 8/14/17

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) 8/14/17

3) Delsea Drive & Cooper Sts.

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

Filled - Closed 09-14

Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-37441

Rec'd Date

Ready Date

Total Pages

Final Cost

Total .10

Deposit

Balance Due

Balance Paid .10

Records Provided

C

Custodian Signature

Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
VL
2017 SEP 25 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 MARK MI P Last Name PASQUINI

Company

Mailing Address 1050 STANDISH DR [redacted]

City TURNERSVILLE 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 [redacted] Date 9/25/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. ACCIDENT
2. 9/22/17
3. CLEMENTON - ALMONESSON RD DEPTFORD NJ
4. 17-033964

[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.

17-33964

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-33964
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 SEP 25 AM 10: 24

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 R Last Name Mecouch Sr.

Company

Mailing Address 428 Painsett Avenue

City Pitman State NJ Zip 08071 Email [redacted]

Business Hours Telephone: Area Code 609 Number [redacted] Extension

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

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

Signature [signature] Date 9/25/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Page or Smaller @$0.05
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. Assault
2. Date of incident 9/24/17
3. Location: Adelphia Restaurant 170 Clements Bridge Road Deptford, NJ
4. Case # 17-34146
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.

17-34146

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

AGENCY USE ONLY

Tracking Information 17-34146

Tracking # 17-34146
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 25 PM 12:41

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 Leslie MI B Last Name Lemmerman

Company

Mailing Address 316 E. Clements Bridge Rd Apt A

City Runnemede State NJ Zip 08078 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 Leslie B Lemmerman Date 9/25/2017

Payment Information

Maximum Authorization Cost $ _____

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
Sept 19, 2017
17-033531
2000 Clements Bridge Rd
[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.

17-33531

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-33531
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 SEP 18 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 Crystal MI R Last Name Waters

Company

Mailing Address 34 Kristen Lane

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 C Waters Date 9/18/17

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.

RE: Police Report for
Christian Davis
Accident on Tanyard Rd Sept 16, 2017
Officer Daney GAVE $1-2 pages 9/21 PM

[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 9/22
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-033197
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

SEP 25 2017

Custodian Signature ___ Date ___

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 21 PM 12:20

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 Robert MI A Last Name Legg

Company

Mailing Address 315 County House Rd.

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 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident 9/12/17 Rt. 47

for Emily Legg daughter

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

TRG

In Progress - Open
Denied - Closed
Filed - Closed 9/21/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3265
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

DEPTFORD POLICE

2017 SEP -5 PM

State of New Jersey
Deptford Township 2017 SEP -5 PM 12:26
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

Mailing Address 6950 Cobbs Ave

City Phila 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 9/5/17

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.

Custody contempt
9/1/17 - Friday 17-031069
9/2/17 - Saturday CAD 17-031216
Location 124 Royal Avenue, Woodbury Heights
[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 ____
Filed - Closed 09-05-17

AGENCY USE ONLY

Tracking Information
Tracking # 17-031069
Rec'd Date 17-031216
Ready Date ____
Total Pages ____

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

Records Provided

SEP - 5 2017

RICHARD L. LEIDY
MANAGER
PUBLIC WORKS DEPARTMENT
(856) 853-0892 x 202

City of Woodbury
GLOUCESTER CO.
WOODBURY, N. J.

DEPARTMENT OF PUBLIC WORKS
651 S. EVERGREEN AVE.
WOODBURY, NJ 08096
FAX (856) 853-1327

September 28, 2017

To: Deptford Police

RE: OPRA

To whom it may concern,

I am requesting an OPRA request for a theft report that was filed on 9/18/2017. The location was 1785 Glassboro Rd., Deptford NJ. My name is Richard Leidy. My number is [redacted] The officer's name was Sean Gambale. If I am wrong with the date, please let me know.

Thank You

Richard Leidy

09-29-17 DI

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DV

DEPTFORD TWP POLICE

2017 SEP -5 AM 11:14

Important Notice

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

Requestor Information – Please Print

First Name Kathleen MI ____ Last Name Harding

Company ____

Mailing Address 28 Valley Road

City Mount Ephraim State NJ Zip 08059 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* (circled) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9-5-17

Payment Information

Maximum Authorization Cost $ .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
#17-28817
8-14-17
Clement Bridge Road
Deptford, 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.

DV

In Progress - Open ____
Denied - Closed ____
Filled (circled) - Closed (circled) 09-05
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-28817
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date ____

DEPTFORD TWP PD
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP -5 PM 1:53

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 Joanne MI B Last Name Havey

Company

Mailing Address 360 Woodberry Way, [redacted]

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 Joanne Havey Date 9/5/17

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
8/25/2017
@ Off Amwell Rd. In Shopping Area
[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 09-05
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-03056
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature Date

PM

Patricia A. Mitchell

From: [redacted]
Sent: Friday, September 01, 2017 11:57 AM
To: Police Records
Subject: OPRA Request

Hi,

I would like to request a copy of my accident report from 8/18/17, case # 17-29322. It was at the intersection of Catell and Woodbury-Glassboro Rd. at around 9pm in the evening.

Thank you,

Ryan Koenig
Laser Service Solutions. LLC
650 Grove Road
Suite 104
Paulsboro, NJ 08066
[redacted]

Police Records

From: [redacted]
Sent: Tuesday, September 26, 2017 11:05 AM
To: Police Records
Subject: OPRA

Dear Sir or Madam:

Please forward me a copy of the police report I filed with Patrolman, Matthew D'Alton on May 18, 2017 regarding someone attempting to steal my identity by opening a credit card in my maiden name with my social security number. The case no. Is 17-17638.

Thank you for your time and help!

Regards,
Catherine Featherer

Sent from my iPhone

DEPTFORD TWP POLICE
2017 SEP 25 PM 1:59

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 Kathy Formelio MI ___ Last Name ___

Company ___

Mailing Address 1512 Hurffville Rd

City Deptford State NJ Zip 08096 Email ___

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

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

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

Signature [redacted] Date 9-25-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident - Hit minor LEFT seen
9-22-17
Deptford Nelson Drive
X Assist motor V. crash

[redacted]

Kathy Formelio
[redacted]
call let her know report ready

[redacted]
Father - Lou Nestore

AGENCY USE ONLY

Disposition Notes
Any part of request cannot be in seven business days, detail reasons here.

Deposit Date ___

Denied - Open ___
Filled - Closed 09-26-17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # ___
Record Date ___
Ready Date ___
Total Pages ___

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

Records Provided

Custodian Signature ___ Date ___

Police Records

From: [redacted]
Sent: Tuesday, September 05, 2017 8:24 AM
To: Police Records
Subject: OPRA

Good morning my name is Tom Kasper.My address is 633 tacoma boulevard Westville New Jersey 08093. My phone number is [redacted] That my license is number [redacted] Could you please provide me with open police reports pertaining to my address and last name. I've had several instances with robberies and Struggles with a family member that has a drug problem. I had these records and they were lost. If you could please provide me with the last year from today's date these reports I would greatly appreciate it and you would be helping me in a very big way as I am trying to recover losses And stop these problems from happening anymore.This past year has been quite a struggle for myself and my other family members. Thank you so much in advance. Thomas Kasper

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 12 PM 12:18

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 Christy MI A Last Name Borchers/Filer

Company

Mailing Address 132 Harrold Blvd

City Deptford State NJ Zip 08096 Email [redacted]

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

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

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

Signature [signature] Date 9/12/17

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.

Theft reports for above Address from 1/1/14 – 9/10/17

Numerous

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 ____
Filled - Closed 9/12
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

[signature]

Custodian Signature Date

DEPTFORD TWP.
POLICE D1

2017 SEP 28 AM 10:18

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name William MI J Last Name Fauconniere

Company

Mailing Address 119 Antelope Dr.

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 Wm. Fauconniere Date 9-28-17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash ✓ Check ___ Money Order ___

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 from car accident.

9-11-17

Highland & Cooper

[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 09-28-17
Partial Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-032427
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 SEP 18 PM 12:21

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 Emily MI D Last Name Garcia

Company

Mailing Address 812 Chestnut lane Wesville

City 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 [signature] Date 18-9-17

Payment Information

Maximum Authorization Cost $ 11 ✓

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.

9/18/17

Copy of any and all Police Reports
from 8/1/16 – Present.
Re: Downstairs neighbor harrassmt (Joseph Adams)

812 chestnut Lane

[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.

TM

In Progress - Open
Denied - Closed
Filled - Closed 9/21
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # [redacted]
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due ✓
Balance Paid

Records Provided

Custodian Signature Date

DEPTFORD TWP POLICE

2017 SEP -5 AM 11:18

D1

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 Julia MI C Last Name Gibson

Company

Mailing Address 1023 Cool Trent 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 Julia C Date 9/5/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check ___ Money Order ___

Letter Size Page or Smaller @$0.05

Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

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

1. Accident Report
2. 8/22/17
3. Clements Bridge Rd Deptford, 08096

[redacted]

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

D1

In Progress - Open

Denied - Closed

Filed - Closed 9-05-17

Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-029790

Rec'd Date

Ready Date

Total Pages

Final Cost

Total .15

Deposit

Balance Due

Balance Paid .15

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE

2017 SEP -6 AM 10:52

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 James MI S Last Name Green

Company St. John of God Community Services

Mailing Address 1145 Delsea Dr

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 113

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

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

Signature James P. Green Date 9/6/17

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 17-31013 (William Rolette)
- 9/1/17 1st page given 9-6
- 1145 Delsea Drive Westville NJ 08093 (in Front of School)
- [redacted] jgreen@sjogcs.org

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated 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 DI

In Progress - Open ___
Denied - Closed ___
Filled - Closed 09-07-17
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

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -7 PM 2:45

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 Bill MI ____ Last Name Gotthardt

Company ____

Mailing Address 26 N. Horace Street

City Woodbury 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 William Gotthardt Date 9-7-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident Report: Denise Smethurst
Sunday 9-3-17
Bankbridge + Woodbury Glassboro 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.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 9/7/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31387
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 SEP 26 PM 12:20

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 Tonisha MI C Last Name Grahm

Company

Mailing Address 1209 S Edgewood St

City Philadelphia State PA Zip 19143 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 T Graham Date 9.26.17

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.

1. accident
2. 9/25/17
3. Kohler Ave / Arline Ave
4. 17-034350
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) 09-26-17
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

D

Custodian Signature Date

Police Records Derek Motherst

From: [redacted]
Sent: Friday, September 22, 2017 12:27 PM
To: Police Records; Anna Duffy; Diane Talorico
Subject: Accident Report

I apologize for bothering you again. I spoke with you twice on the phone today, 9-22-17.

I was hoping I could leave work early to get to the station, unfortunately, I will not be able to.

Is it possible to get a copy emailed to me – if not is it possible to get the complete accident report # - we currently have 17-32001 – according to the site, the report number need to be 8 digits (not including the year – 17). I have tried entering zeros before and after – nothing is working. I'm not sure why the officer did not provide the complete number.

The accident occurred on 9-7-17, William Case, Driver's License [redacted]

Thank you for anything you may be able to do.

Regards,
Vinese Goldschmidt

CORCENTRIC™
Vinese Goldschmidt | Cash Receipts Administrator
457 Haddonfield Road, Suite 220 | Cherry Hill, NJ 08002
[redacted]

Emailed
9/28/17

PM

Patricia A. Mitchell

From: [redacted]
Sent: Friday, October 13, 2017 9:18 AM
To: Police Records
Subject: Opra

Done
10/13/17

Auto theft 10-11-17
Jericho basketball courts
Case number 17-36455

#0292
10/16/17

Sent from my iPhone

DEPTFORD TWP
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 13 PM 2:05

Important Notice

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

Requestor Information – Please Print

First Name Amy MI L Last Name Edinger

Company

Mailing Address 25 Cordelia Ave

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 Amy Edinger Date 9-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. Possible welfare check. Twin nieces Genevieve and Madeline refused to leave house. Genevieve locked herself in bedroom. Girls are court ordered to ~~visit~~ attend supervised visits with father.
2. 1st Date is 9-2-17
   2nd Date is between Jan 1, 2017 and August 30, 2017
3. 25 Cordelia Ave Westville NJ 08093
4. [redacted] 17-31204 Officer Kirby
   17-17167 Officer Troughton

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 9/19
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total
Deposit 0
Balance Due
Balance Paid

Records Provided

SEP 20 2017

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 21 AM 10:59

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 George MI D Last Name Fox

Company

Mailing Address 510 Cohawkin Rd

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 George D Fox Date 9-21-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ____ Money Order ____

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident Report 17-33278

date 9-17-17

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.

PM

In Progress - Open
Denied - Closed 9/21/17
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-33278

Tracking # 17-33278
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: [redacted]
Sent: Wednesday, September 13, 2017 9:39 AM
To: Police Records
Subject: OPRA

Good Morning,

Exley's Landscape Service, Inc. is requesting a copy of the police report for an August 26/27 theft.

Name: Exley's Landscape Service, Inc.
Report: Theft
Location: 1535 Tanyard Road, Sewell, NJ 08080
Reported By: Mr. Exley
Case #: I do not have

If you need any additional info, let me know.
Thanks for your help.

Exley's Landscape Service, Inc.
[redacted]
Nancy Guinto

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -5 AM 11:07

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 Marisol MI Last Name Delgado
Company Omega Temp Service LLC
Mailing Address 12239 Wright St
City Phila State PA Zip 19145 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 Marisol Delgado Date 9/5/17

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.

Need for a Lawyer / Bank and Fraud Report 8/16/17 case No 17-29077

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated 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 09-05
Partial - Closed ___

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ___ Date ___

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP -6 PM 3:54

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 ROBERT MI E Last Name DAVIS

Company

Mailing Address 1402 Reeard CT

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 9/6/17

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 9-3-17
CLEMENTS BRIDGE RD 17-31464
~~CR~~

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 09-06-17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-031464
Rec'd Date
Ready Date
Total Pages

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 SEP 27 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 Cara MI ____ Last Name Delaney

Company ____

Mailing Address 14 fairview Ave, Apt 4

City Pennsville State NJ Zip 08070 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 Cara L Delaney Date 9/27/17

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.

Accident Report 17-29082
Date 8/16/17
Location Delsea Drive/Essex 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 ____
Filled - Closed 09-27-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-029082
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP -8 AM 9:21

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 FRANCIS ~~COLLINS~~ MI M Last Name Collins

Company

Mailing Address 24 N. Columbia St

City Woodbury 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 9-8-17

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 8-30-17 Hanyard & Maple Deptford 17-030757

[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 09-08-17
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 Date

D1

DEPTFORD TWP POLICE

2017 SEP -5 AM 11:02

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 MARC MI A Last Name CORALLO220

Company

Mailing Address 21 CEDARBROOK DR

City TURNERSVILLE State NJ Zip 08012 Email

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

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

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

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

1) ACCIDENT - DRIVER - NICHOLAS LEPORE
2) 8/22/17
3) 1020 COOPER ST. DEPTFORD, NJ 08096
4) 17-029790

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 09-05
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 [signature] Date

Patricia A. Mitchell

From: [redacted]
Sent: Tuesday, September 05, 2017 11:17 AM
To: Police Records
Subject: OPRA

Name: Samantha Moles
8-27-2017
Clements Bridge Rd
Deptford, NJ
Plato's Closet parking lot
Case # 17-30381
Officer Rosatri

SEP - 8 2017

09-06-17 D1

DEPTFORD TWP POLICE

2017 SEP -6 PM 2:3

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 HUGH MI D Last Name COPPINGER JR

Company

Mailing Address 605 BRUCE AVE

City MAGNOLIA State NJ Zip 08049 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 Hugh Coppinger Date 9/6/17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash X Check Money Order

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

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

Extras: Extraordinary service fees dependent upon request.

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

1.) ACCIDENT REPORT

2.) 9/2/17

3.) DEPTFORD BEST BUY

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
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-031235
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 15
Deposit
Balance Due
Balance Paid 15

Records Provided

Custodian Signature Date

9/1 PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
Sept
2017 AUG 32 AM 10:39

Important Notice

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

Requestor Information – Please Print

First Name CARLOS MI ____ Last Name CABRERA

Company ____

Mailing Address 17 BAYBERRY CT.

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 9/1/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

I NEED COPIES OF REPORTS PARTAINING TO HARRASSMENT ISSUE FROM MY EX GIRLFRIEND.
DATES ARE 8/31, 8/30 AND 9/1/2017.

17-30925 18-28 17-030420

Please 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 # 17-30925
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature [signature] Date

Police Records

From: [redacted]
Sent: Thursday, August 17, 2017 11:28 AM
To: Police Records
Subject: OPRA

1st 2 pages sent.

Accident Report
Name of Driver: Victoria Cox
Accident Date: Wednesday, 08/16/2017
Location: Route 41 (in Front of Home Depot) - Deptford
Case # 17-029099

Thanks,

Victoria Cox
[redacted]

1st 2 pages Sent

Complete 09-11-17 DI

DEPTFORD TWP POLICE

DEPTFORD POLICE
2017 SEP -7 AM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM
2017 SEP -7 AM 9:14

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 Chelsea MI L Last Name Clark

Company

Mailing Address 759 Fairview Ave

City Wdbry Hts State NJ Zip 08097 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 Chelsea Clark Date 9/7/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. Theft
2. 8/25/17
3. Tall Pines State Park
4. Case # 17-030149
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.

motion Di

In Progress - Open
Denied - Closed
(Filled) - (Closed) 09-07-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

SEP-8 Bill

Custodian Signature Date

DEPTFORD TWP POLICE

2017 SEP -6 PM 2:00

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 Christopher MI ____ Last Name Carbone

Company ____

Mailing Address 2004 Barnsboro Rd

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 [signature] Date 9-6-17

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.

~~Accident Report~~ Damaged Property

Walmart Deptford 8/6/17

[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AD

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-2017
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

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

Records Provided

[signature] 9/6/17

Custodian Signature Date

Police Records

From: [redacted]
Sent: Wednesday, September 13, 2017 9:47 AM
To: Police Records
Subject: Opra

Requesting fraud report from 9/6/2017 Tessa Parten report# 17-31828
Sent from my iPhone

Police Records

From: [redacted]
Sent: Tuesday, September 12, 2017 12:05 PM
To: Police Records
Subject: OPRA Request

Incident Report
Damage to vehicle
Case #17-17253
Boundry Road
J Collins Transfer / FedEx Ground

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 12 AM 11:54

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 DORIS MI K Last Name CHEN

Company NA

Mailing Address 116 Chatham Road

City Turnersville State NJ Zip 08012 Email [redacted]

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

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 Doris K Chen Date 9/12/2017

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident

Date = 9/4/2017 4:06 PM

Location = 2000 Clements Bridge Road 11, Deptford Twp. Gloucester

Report # = 17-31558

[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 _____
X Filled - Closed 09-12-17
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 _____

Done PM

Police Records

From: [redacted]
Sent: Monday, September 18, 2017 11:12 AM
To: Police Records
Subject: OPRA

Good morning,

I am requesting the accident report pertaining to a collision that occurred on the evening of Saturday, September 16th 2017 on Tanyard Road at Cooper Street. The case number in reference to the aforementioned collision is 17-33197 filed by Police Officer Baney. Patrick Curran (me) was the driver. I appreciate your assistance!

Sincerely,

Patrick Curran

[redacted]

DEPTFORD TWP POLICE

2017 SEP 18 PM 12:07

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 Brooklyn MI M Last Name Carey

Company

Mailing Address 21 N. main St. Apt. A

City Woodstown State NJ Zip 08098 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 9/18/17

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
- 9/15/17
- Cooper St.
- [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.

DT

In Progress - Open ____
Denied - Closed ____
Filled - Closed 09-18-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-033030
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: [redacted]
Sent: Wednesday, September 13, 2017 9:17 AM
To: Police Records
Subject: OPRA Request

I am looking for a copy of an accident report involving Sally Cash on 9/10/17 on Deptford Center Road. Case number 17-32366. Please let me know if you require additional information to process my request.

Thank you,
Sally Cash

09-18-17 DI

DEPTFORD TWP POLICE

2017 SEP 15 PM 12:16

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 DAVID MI ____ Last Name Cora

Company ____

Mailing Address 119 Trent Rd

City Turnersville State NJ Zip 08012 Email ____

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

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

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

Signature Dan Cora Date 9.15.17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

DAVID Cora
vs
Sharee Huff 1508 Picard Ct
8.20.17
Loc.- Deptford NJ
Inverness apt
8.4.17

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 9/15/17
Partial - Closed

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

Police Records

From: [redacted]
Sent: Monday, September 11, 2017 3:26 PM
To: Police Records
Subject: Opra Request

Requesting supplimentory report for theft on Hurfville Road case# 1729451

DEPTFORD TWP POLICE

2017 SEP 19 PM 12:17

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 JESSE MI M Last Name CONNOR

Company

Mailing Address 408 E. CENTRAL AVE.

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 9-19-17

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash ✓ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

1. ACCIDENT REPORT
2. 9-9-17
3. COOPER ST. DEPTFORD, NJ
4. 17-32286

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/19
Filled - Closed
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-32286 Total Final Cost 1.25
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid 25

Records Provided

[signature]

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 SEP 20 PM 2:03

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 Margaret MI ____ Last Name Camargo

Company ____

Mailing Address 409 Princeton Blvd

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 Camargo Date 9/20/17

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.

Case # 17-032979

Theft reported last Thursday 9-14

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/20/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-32979
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

PM Done

Police Records

From: [redacted]
Sent: Monday, September 18, 2017 11:59 AM
To: Police Records
Subject: OPRA

Please send me a copy of the traffic accident report (Arthur Cohen) 17-32540, 9/12/17, Delea Dr. and Cattell Rd.
Thank you,
Arthur Cohen

DEPTFORD TWP POLICE

2017 SEP -6 AM 11:14

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 DAVID MI ____ Last Name Cora

Company ____

Mailing Address 119 Trent Rd

City Turnersville State NJ Zip 08012 Email ____

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

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

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

Signature [signature] Date 9.6.17

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.

DAVID Cora
vs
Shanee Akeff
Child Custody
Deptford NJ
9.4.17
Det wentz - 5173

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

[signature] 9/6/17
Custodian Signature Date

DEPTFORD TWP
POLICE
2017 SEP 27 PM 1:04

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 ROBERT MI P Last Name CAMMAROTA

Company FDO ENTERPRISES

Mailing Address 413 BANK Road Ave.

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 Robert Cammarota Date 9/27/17

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
2/9/17
Almonsson Rd
Pick up

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 9/27/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-5220
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 SEP -8 AM 11:08

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/ART MI D Last Name BERNARDO

Company

Mailing Address 52 LAVENDER DR

City SEWELL State NJ Zip 08080 Email [redacted].com

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 JOBernardo Date 9/8/17

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.

POLICE REPORT - ASSAULT SIMPLE
AUG 12, 2017
Home - 52 Lavender Dr
SEWELL NJ 08080

17-028583

joyzdworld4@gmail.com.

[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 09-08-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

PM

2017 SEP -7 PM 12:39

Important Notice

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

Requestor Information – Please Print

First Name Michael MI ____ Last Name Braun

Company ____

Mailing Address 439 Princeton Blvd

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 Michael P Braun Date 9/7/17

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
2/5/17
439 Princeton Blvd

17-31702

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

PM

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 9/7
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31702
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

SEP -8 2017

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township

DEPTFORD TWP POLICE
2017 SEP -8 AM 11:39

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 Aaron AKA Andrew Wright MI A Last Name Bowman

Company

Mailing Address 29 Beach Street

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 Aaron Bowman Date 9/8/17

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.

Theft Aug 11 2014 [redacted]
Nova on Delsea Drive

[redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 36 AM 8:36

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 Tymour ~~Brown~~ MI A Last Name Braun

Company

Mailing Address 134 maple ave

City Westville State NJ Zip 08093 Email

Business Hours Telephone: Area Code Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

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

Signature [signature] Date 9-5-17

Payment Information

Maximum Authorization Cost $ 4

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.

Suppose to pick up son at Police station on Sunday. The baby mother did not show up.

Child custody
8-17-17 case # 17-029160 - Given

Child custody - 9-3-17 - Waiting for this one 17-031364

[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 09-06-17
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total $
Deposit
Balance Due
Balance Paid $

Records Provided

Custodian Signature Date

PM

Police Records

Done

From: [redacted]
Sent: Sunday, September 17, 2017 3:13 PM
To: Police Records
Subject: OPRA REQUEST

REQUESTING ASSAULT REPORT FOR : VICTIM TYLER BARNES (myself)

DATE OF INCIDENT: 7/20/17

LOCATION OF INCIDENT: ADELPHIA RESTAURANT

CASE #: 17=25407

Thanks for your help

Tyler R. Barnes

---------- Original Message ----------
From: laureen barnes <laureen-barnes@comcast.net>
To: effingenius@comcast.net
Date: September 17, 2017 at 2:48 PM
Subject: Fwd: OPRA REQUEST

Hi love - This is the information we spoke about. You could probably just cut and paste the information that I originally emailed to them. The women I spoke to said the subject line has to read as I have it. The info in the body of my email has to be exact except change that you are requesting the info for yourself. You should probably create a more professional email address! See you later.

---------- Original Message ----------
From: laureen barnes <laureen-barnes@comcast.net>
To: policerecords@deptford-nj.org
Date: July 31, 2017 at 6:16 PM
Subject: OPRA REQUEST

REQUESTING ASSAULT REPORT FOR : VICTIM TYLER BARNES (my son)

DATE OF INCIDENT: 7/20/17

LOCATION OF INCIDENT: ADELPHIA RESTAURANT

CASE #: 17=25407

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RM
DEPTFORD TWP
POLICE

2017 SEP 19 AM 10:41

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 Glenn MI ____ Last Name Bush

Company ____

Mailing Address 103 Main Street

City Deptford State NJ Zip ____ 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 Glenn Bush Date 9.19.17

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.

~~Date~~ 1-1-17 9-9-17 Lorette

Calls to Service CADs

20 Kelly Drive

Dept Ford NJ (mother)

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 9/19
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 2017-1598
Receipt Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due 0.00
Balance Paid ____

Records Provided

0

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1
2017 OCT 11 AM 11:21

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 Andrea MI ____ Last Name Bettis

Company ____

Mailing Address 7 Double Woods 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 [signature] Date 10/11/17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X Check ___ Money Order ___

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 Release
Police Report
10/9/17
For Run Rd
17-36271
[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 10-11-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

[signature] Custodian Signature 10/16/17 Date

PM

Police Records

From: [redacted]
Sent: Monday, October 09, 2017 4:37 AM
To: Police Records
Subject: Opra Harassment Report

Dove
10/11/17

#0962
10/16/17

Candace Brown
Date of incident 10/02/2017
location of incident: 935 Davis Street, Deptford, NJ 08096
Case# 17035529

DEPTFORD TWP. D1
POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT -5 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 T'Shana Bentley MI R Last Name Bentley

Company

Mailing Address 45 Cherokee Drive

City Galloway State NJ Zip 08205 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 T'Shana Bentley Date 10/5/17

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.

Accident Report
10/1/17
Delsea Drive
[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 10-05-17
Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-035317
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

HDS2 10/16/17
Custodian Signature Date

Patricia A. Mitchell

#092
10/19/17

From: [redacted]
Sent: Tuesday, October 17, 2017 10:01 AM
To: Police Records
Subject: OPRA

Accident report
Mia Bellamy
10/10/17
Plymouth-bridge rd

Sent from my iPhone

Done
PM

#0282
14/19/17

Police Records

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

Hello,

I, Patricia Ann Brooks, need a copy of the police report for the accident that occurred on Tuesday Oct 11, on Bankbridge Rd. Police Report # 17-36405.

Thanks!

Pat Brooks
Fast ForWord Coordinator
850 Bankbridge Rd.
Sewell,NJ 08080
[redacted]

Patricia A. Mitchell

From: [redacted]
Sent: Wednesday, October 18, 2017 3:30 PM
To: Police Records
Subject: Opra

Categories: In Progress/ Printed

#592
10/19/17

Accident report 10/13/17 cooper st Delsea dr deptford nj

Sent from my iPhone

PM

Done

10-18-17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 11 AM 8:07

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 Maurice MI ____ Last Name Burns

Company ____

Mailing Address 7616 S Constance

City Chicago State IL Zip 60649 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 Maurice Burns Date 10/11/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Accident
Oct 8th, 2017
Deptford Clement Bridge

[redacted]

Call when available

Not PM
10/12/17

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.

D/ e-mailed

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-036222
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature HOS 10/19/17 Date

DEPTFORD TWP POLICE D1

2017 SEP 28 AM 8:22

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 Ty MI A Last Name Brown

Company

Mailing Address 134 Maple ave

City Westville State NJ Zip 08093 Email [redacted]

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

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

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

Signature Ty B Date 9-28-17

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.

Child custody

Pick up child from 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 ____
Filled – Closed 09-28-17
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

Date

DEPTFORD TWP POLICE
2017 SEP 26 PM 12:00

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 S Last Name Budesa

Company

Mailing Address 243 Hampshire Dr.

City Deptford State NJ Zip 08096 Email

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

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

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

Signature [signature] Date 9-26-17

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.

Theft
9/23/17
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 ____
Filed - Closed 09-26-17
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

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 22 PM 1:01

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 BARBARA MI A. Last Name BILBROUGH

Company

Mailing Address 1300 E. KERCHER AVE. LOT #59

City MYERSTOWN State PA. Zip 17067 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 Barbara J. Bilbrough Date 9-22-17

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- FRUAD
2- 9-14-17
3- 1011 COOPER ST.
4-
5-

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 9/22
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 13286
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit 0
Balance Due
Balance Paid

Records Provided

Custodian Signature

Date 9/22

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

2017 SEP 20 AM 8:04

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 Tymoir MI ____ Last Name Brown

Company ____

Mailing Address 134 Maple ave

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 Ty R Date 9-20-17

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.

Child custody
Date – 9-17-17 9-12-17 – Khyri mother sade called in (Cads)
9-14-17
Suppose to pick up son from 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.

TM

In Progress - Open ____
Denied - Closed 9/20
Filled - Closed
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date

DEPTFORD TWP
POLICE

2017 SEP 14 AM 8:42

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 Tymon r Brown MI ____ Last Name BROWN

Company ____

Mailing Address 134 Maple ave

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 Tymon Brown Date 9-14-17

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 - Pickup son at 8:30 am Police station

9-12-17 17-032548

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 09-14-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

SEP 20 2017

Custodian Signature ____ Date ____

DEPTFORD TWP
POLICE
2017 SEP 13 PM 3:29

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Edward MI J Last Name Belcher

Company

Mailing Address 39 Mahoney Rd.

City Pennsville State NJ Zip 08070 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 Edward J Belcher Date 9/13/2017

Payment Information

Maximum Authorization Cost $ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

For Insurance Company. Accident Report.

9/5/2017

Deptford Mall

17-031697

1st page given

Call when complete

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

Sent via US mail as requested

In Progress - Open ____
Denied - Closed ____
(Filled) - (Closed) 09-14-17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey DEPTFORD TWP D6
Deptford Township POLICE
GOVERNMENT RECORDS REQUEST FORM

2017 SEP -8 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 JOSEPH/ANZ MI D Last Name BERNARDO

Company

Mailing Address 52 LAVENDER DR

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 J.D Bernardo Date 9/8/17

Payment Information

Maximum Authorization Cost $ 9

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.

POLICE REPORT - ASSAULT SIMPLE
AUG 12, 2017
Home - 52 Lavender Dr
SEWELL NJ 08080

17-028583

[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.

emailed

In Progress - Open ____
Denied - Closed ____
Filled - Closed 09-08-17
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

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

PM

2017 SEP -7 PM 12:39

Important Notice

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

Requestor Information – Please Print

First Name Michael MI ____ Last Name Braun

Company ____

Mailing Address 439 Princeton Blvd

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 Michael Braun Date 9/7/17

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
9/5/17
439 Princeton Blvd

17-31702

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

PM

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 9/7
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-31702
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

SEP - 8 2017

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -8 AM 11:39

Important Notice

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

Requestor Information -- Please Print

First Name Aaron AKA Andrew Wright MI A Last Name Bowman

Company

Mailing Address 29 Beach Street

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

Signature Aaron Bowman Date 9/8/17

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.

Theft Aug 11 2014 [redacted]
Wawa on Delsea Drive

[redacted]

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 AUG 36 AM 8:36

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 Tymour Brown MI A Last Name Brown

Company

Mailing Address 134 maple ave

City Westville State NJ Zip 0809 Email

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 Tymour Brown Date 9-5-17

Payment Information

Maximum Authorization Cost $ 4

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.

Suppose to pick up son at Police station on Sunday, The baby mother did not show up.

Child custody
8-17-17 case # 17-029160 - Given

Child custody - 9-3-17 - Waiting for this one 17-031364
[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 09-06-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total $0
Deposit
Balance Due
Balance Paid $0

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE

2017 AUG 32 PM 1:49

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

AD

SD 1st

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 Angelillo

Company _____

Mailing Address 416 B Berlin Run Blvd

City Marlton State NJ Zip 08053 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 _____ Date 9/1/17

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.

1. Accident
2. 8/28/17
3. Hurffville Rd.
4. 17-030490

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 9/1/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-30490
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

SEP - 5 2017

Custodian Signature

Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -8 PM 2:49

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 Cory MI S Last Name Ambrose

Company

Mailing Address 161 8th St.

City Hammonton State NJ Zip 08037 Email [redacted]

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

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

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

Signature [signature] Date 9/7/17

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.

Copy of police records for incident in May 2017 in Deptford Twp.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[signature] 9/8/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 29 AM 10:33

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 Denise Adamic MI ____ Last Name ____

Company First Service Residential

Mailing Address 1102 Broadacres Dr,

City Clementon 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 Denise Adamic Date 9/29/17

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.

Police Report filed in July
by Denise Adamic regarding
James Kane – 109 Chancellor Dr
Deptford, NJ
Harassment 7/13/17

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 09-29-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-02458 9
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 16
Deposit ____
Balance Due ____
Balance Paid 1 15

Records Provided
SEP 29 2017

Custodian Signature ____ Date ____

DEPTFORD TWP POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 15 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 Halie MI ____ Last Name Andersen

Company ____

Mailing Address 2 Stretch Dr

City Mullica Hill State NJ Zip 08062 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 9/15

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 on 9/8/17 on Almonesson Rd at 5:30pm

[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 09-15-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-032118
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] Custodian Signature

[signature] Date

DT

DEPTFORD TWP.
POLICE

2017 SEP -5 PM 3:17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Kimberly MI M Last Name Ammon

Company

Mailing Address 11 Laurel Court

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 Kimberly M. Ammon Date 09/05/2017

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.

1. Neighbor harrasment
2. 8/11/17, 9/1/17 and 9/2/17
3. 10 Laurel Court Deptford NJ 08096
4. 17-031049, 17-31561
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.

e-mailed

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature

Date

DEPTFORD TWP POLICE

2017 SEP -8 AM 11:12

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Frances MI G Last Name Hoechst

Company

Mailing Address 1160 Cattell Rd

City Wenonah State NJ Zip 08090 Email [redacted]

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

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

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

Signature [signature] Date 09/08/17

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.

1. accident
2. 09/06/17
3. fox run 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.

D1

In Progress - Open
Denied - Closed
Filed - Closed 09-08-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-031759
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 9
Deposit
Balance Due
Balance Paid 9

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 SEP 11 PM 12:08

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 ALEAH MI P Last Name HASKINS

Company

Mailing Address 975 Savage 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 [signature] Date 09-11-2017

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.

Criminal Mischief - 17-031-32 - Same as above loc.
09-01-2017
975 Savage Ave Wenonah NJ 08090
[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.

Dispositon

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

SEP 2017

Custodian Signature

Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP -8 AM 10:55

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 Jamie MI M Last Name Holloway

Company

Mailing Address 1014 Monmouth Rd

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 Jamie holloway Date 9.8.17

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.

- Custody report July ? 2017

[redacted]

- just came in to file report January 2017 - July 2017

Jamie Holloway vs Frank Capestick
1014 Monmouth Rd Deptford NJ 08096

[redacted]

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

DI

In Progress - Open _____
Denied - Closed _____
Filed - Closed 09-12-17
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

Custodian Signature

Date

DEPTFORD TWP
POLICE
D1

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 SEP 15 AM 11:46

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 Laduana MI ____ Last Name Hill

Company ____

Mailing Address 3014 Clinton St

City Camden State NJ Zip 08105 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 LaDuana Hill Date 9/15/17

Payment Information

Maximum Authorization Cost $ 1.25

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.

1. Theft (Shoplifting)
2. 2010
3. Deptford
4. Do not have Incident report Number
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 ____
(Filled) - Closed 09-15-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 16-00015-956
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 SEP 22 PM 12:00

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 LORRAINE MI A Last Name HARTMANN

Company

Mailing Address 18 WEST 7th AVE

City RUNNEMEDE State NJ Zip 08078 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 Lorraine Hartmann Date 9/22/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

ACCIDENT REPORT
9/18/17
ROBERT W HARTMANN IV
17-033391

[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 9/22
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-33391
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit 0
Balance Due
Balance Paid

Records Provided

Custodian Signature Date