

PH. Jeff Emslie #116

17MN 26913

Manalapan PD

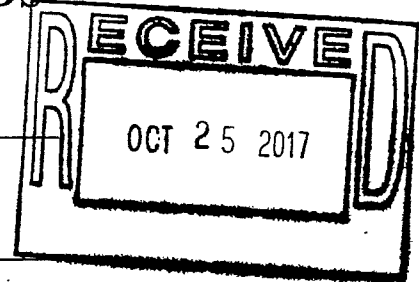
TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING

120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY



Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Judith Kortun
Address: 12 Tracy Drive
Manalapan, NJ 07726
Telephone (732) 577-6875

Information Requested:

☐ Police Accident Report
Incident Number: _____
Name of Driver/Date/Location: _____

☒ Other [specify] Fraud
Identity theft

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

In general:

- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: \$0.05 per letter size page, \$0.07 per legal page; if copies of police accident reports are requested other than in person, an additional fee of up to \$5.00 may be added to cover the administrative cost of the report.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with N.J.S.A.47:1A-1. The term does not include employee personnel files, police investigation records, or other matters in which there is a right of privacy or confidentiality or which is specifically exempted by law.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on _____

Number of Pages _____

Estimated Cost _____

Deposit _____

required where the anticipated cost of reproduction exceeds \$5.00

Anthony Kortum
Applicant

[Signature]
Municipal Official

Date: 10/25/2017

Date: 10-30-17

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Government Records Council or to the New Jersey Superior Court, as provided by N.J.S.A. 47:1A-1 et seq.. If your request has been denied, a statement of the procedures for the appeal will be attached.

Date: _____

Municipal Custodian of Records

ACKNOWLEDGMENT

I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on the procedures for any appeal of the determination.

_____ I hereby authorize the Township to mail the requested documents to my attention instead of picking up the documents in person

Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING

120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: 10/31/17 Date Response Provided: 10/31/17

SEE INSTRUCTIONS BELOW

Name: Jeff Kroll
Address: 19 Appaloosa Dr.
Manalapan
Telephone (609) 485 2126

Information Requested:

☒ Police Accident Report
Incident Number: 17 MN 27044
Name of Driver/Date/Location: _____

☐ Other [specify] _____

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

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Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant _____

Municipal Official _____

Date: _____

Date: 10/31/17

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

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Date: _____

Municipal Custodian of Records _____

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Date: 10-31-17

Applicant _____

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING

120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: 10/25/17 Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: CIATATHRI VENKATACHALAM
Address: 106 CHESTNUT WAY
MANALAPAN NJ 07726
Telephone (678) 793 5743 / 732-218-7783

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location _____

☒ Other [specify] 17 MN 27286

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

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Estimated Number of Pages _____

Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

V. Gray
Applicant

[Signature]
Municipal Official

Date: 10/25/2017

Date: 10-31-17

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

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Date: _____

Municipal Custodian of Records

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I hereby authorize the Township to mail the requested documents to my attention instead of picking up the documents in person

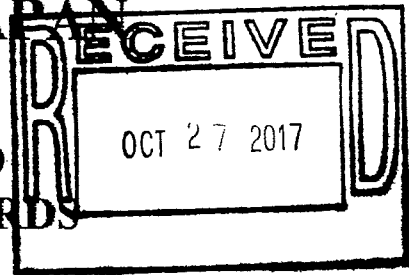
Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY



Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: FRANK A. CANTAVE
Address: 52 WEST DR
EMERSON TOWN NJ 07726
Telephone: (973) 685-4592
4592

Information Requested:

☐ Police Accident Report
Incident Number: 17 MN 26829
Name of Driver/Date/Location: _____

☐ Other [specify] _____

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

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The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant

Municipal Official

Date:

10-27-17

Date:

10-31-17

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

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Date: _____

Municipal Custodian of Records

ACKNOWLEDGMENT

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Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Request Received: _____ Date Response Provided: 10/31/17

SEE INSTRUCTIONS BELOW

Name: Metropolitan Reporting Bureau
Address: P.O. Box 986 William Penn Annex
Philadelphia Pa 19105-0926
Telephone [Home] () _____
Telephone [Work] () 1800-445-6686
Information Requested: BURGLARY Occurred on: 10/20/17
[] Police Accident Report Location: 79 PENSION RD MANALAPAN
Involving: _____
Incident Number: Report#: _____
Name of Driver/Date/Location _____
[] Other [specify] _____

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police-Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

In general:

- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, \$0.75 per page; eleventh page to twentieth page, \$0.50 per page; all pages over twenty, \$0.25 per page; for a police accident report there is an additional fee when the request is not made in person of \$5.00 for the first 3 pages and \$1.00 for each additional page, as provided by N.J.S.A. 39:4-131.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
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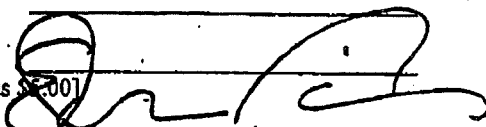
The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$2.00]



10/23/17

Applicant

Municipal Official

Date:

Date:

10/23/17

PUBLIC RECORDS REQUEST RESPONSE

TO: _____

DATE: _____

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

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Date: _____

Municipal Custodian of Records

ACKNOWLEDGMENT

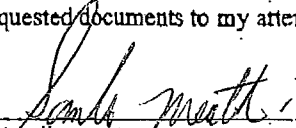
I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on the procedures for any appeal of the determination.

I hereby authorize the Township to mail the requested documents to my attention instead of picking up the documents in person

Date:

10/23/17

Applicant



#696

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: 10-30-17 Date Response Provided: ~~10-27-17~~ 11/1/17

SEE INSTRUCTIONS BELOW

Name: CHARLES RUTHERFORD
Address: 216 WOODWARD RD. APT 257
MANALAPAN, NJ 07726
Telephone (973) 886-5251

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location _____

☒ Other [specify] HAD POLICE COME OUT TO HERITAGE
VILLAGE FOR A DISTURBANCE

FRIDAY
10-27-17

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

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The information requested will be ready on

Estimated Number of Pages

Estimated Cost

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Rec. Roth
Applicant

Needs \$5,000



Municipal Official

Date: 10-30-17

Date: 11/11/17

PUBLIC RECORDS REQUEST RESPONSE

TO: _____

DATE : _____

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Municipal Custodian of Records

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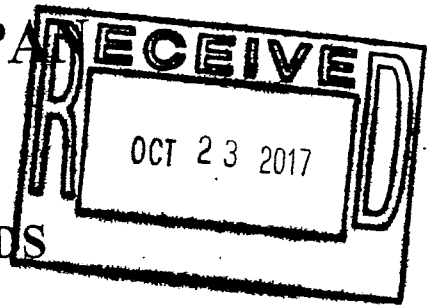
Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY



Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Rick Kenny
Address: 3 Mottawick Ave. Manalapan NJ 07726

Telephone: (732) 446-4712 in Response to
Jessica Kenny

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location: _____

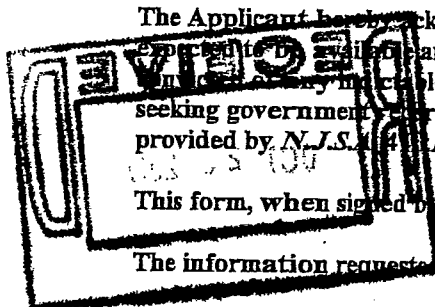
☒ Other [specify] 17MN25604 personal injury
accident occurred at

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Deposit

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Applicant

Municipal Official

Date:

10/23/17

Date:

11-1-17

PUBLIC RECORDS REQUEST RESPONSE

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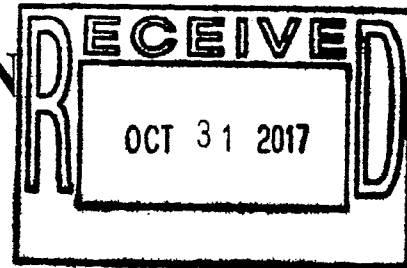
Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY



Date Request Received: 10/29/17 Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Elena Hudek
Address: 156 Swinneck Dr
Manalapan NJ 07726
Telephone: (732) 239-5739

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location: _____

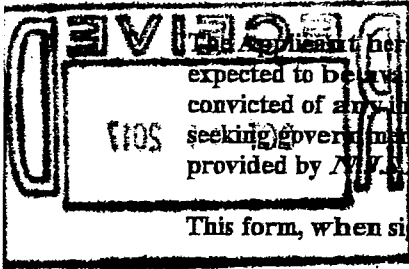
☒ Other [specify] Domestic call 10/29/17 12:30 PM

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

In general:

- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: \$0.05 per letter size page, \$0.07 per legal page; if copies of police accident reports are requested other than in person, an additional fee of up to \$5.00 may be added to cover the administrative cost of the report.
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- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with N.J.S.A.47:1A-1. The term does not include employee personnel files, police investigation records, or other matters in which there is a right of privacy or confidentiality or which is specifically exempted by law.



The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Elon Hudek
Applicant

[Signature]
Municipal Official

Date: 10/31/17

Date: 11-2-17

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Government Records Council or to the New Jersey Superior Court, as provided by N.J.S.A. 47:1A-1 et seq.. If your request has been denied, a statement of the procedures for the appeal will be attached.

Date: _____

Municipal Custodian of Records

ACKNOWLEDGMENT

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I hereby authorize the Township to mail the requested documents to my attention instead of picking up the documents in person

Date: _____

Applicant

5037990197

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: _____ Date Response Provided: 11/2/17

SEE INSTRUCTIONS BELOW

Name: Metropolitan Reporting Bureau
Address: P.O. Box 986 William Penn Annex
Philadelphia Pa 19105-0926
Telephone (Home) () _____
Telephone (Work) () 1800-245-6686
Information Requested: THEFT RECOVERY Occurred on: 10/29/17
Location: 37 TIMBER LANE MANALAPAN
☐ Police Accident Report Involving:
Incident Number: Report#: 17MM27745
Name of Driver/Date/Location _____
☐ Other [specify] _____

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

In general:

- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, \$0.75 per page; eleventh page to twentieth page, \$0.50 per page; all pages over twenty, \$0.25 per page; for a police accident report there is an additional fee when the request is not made in person of \$5.00 for the first 3 pages and \$1.00 for each additional page, as provided by N.J.S.A. 39:4-131.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
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Estimated Number of Pages _____

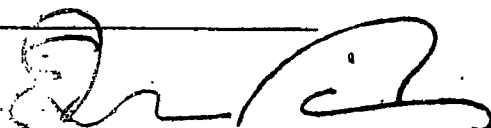
Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

X 10/30/17

Applicant


Municipal Official

X Date: 10/30/17

Date: 11/2/11

PUBLIC RECORDS REQUEST RESPONSE

TO: _____

DATE: _____

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Date: _____

Municipal Custodian of Records

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I hereby authorize the Township to mail the requested documents to my attention instead of picking up the documents in person

X Date: 10/30/17

X
Applicant

696

TOWNSHIP OF MANALAPANMUNICIPAL BUILDING
120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

**REQUEST FOR ACCESS TO
POLICE DEPARTMENT RECORDS
FOR MUNICIPAL USE ONLY**

Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Vincent R. Gloris, Esq
 Address: 1816 Englishman Road
Old Bridge, NJ 08857
 Telephone (732) 1251-3333

Information Requested:

- ☒ **Police Accident Report**
 Incident Number: _____
 Name of Driver/Date/Location: _____
- ☐ **Other [specify]** Accidents from 10/26/17 - 11/2/17

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically.

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The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant

Municipal Official

Date: _____

Date: 11/3/2017

PUBLIC RECORDS REQUEST RESPONSE

TO: _____

DATE: _____

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Government Records Council or to the New Jersey Superior Court, as provided by N.J.S.A. 47:1A-1 et seq.. If your request has been denied, a statement of the procedures for the appeal will be attached.

Date: _____

Municipal Custodian of Records

ACKNOWLEDGMENT

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Date: _____

Applicant

TOWNSHIP OF MANALAPANMUNICIPAL BUILDING
120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

**REQUEST FOR ACCESS TO
POLICE DEPARTMENT RECORDS
FOR MUNICIPAL USE ONLY**

Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Steven P. Haddad
Address: 516 Thornall St. Suite # 270
Edison, NJ 08837
Telephone: (732) 933-3535

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location: _____

☒ Other [specify] we are requesting car accident
Police Reports Accidents From 10/26/17 - 11/2/17

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The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

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[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant _____

Municipal Official _____

Date: _____

Date: 11/3/2017

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

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Municipal Custodian of Records

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Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING

120 ROUTE 522

MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Rudolph & Associates
Address: 223 Route 185, Suite 108, East Brunswick, NJ 08816
Telephone () 732-659-6961

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location: _____

☐ Other [specify] Accidents from 10/26/17 - 11/2/17

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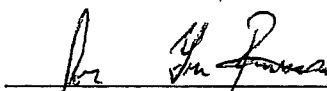
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Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]


Applicant


Municipal Official

Date: _____

Date: 11/3/2017

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

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Municipal Custodian of Records

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Date: _____

Applicant

TOWNSHIP OF MANALAPAN

MUNICIPAL BUILDING
120 ROUTE 522
MANALAPAN, NEW JERSEY 07726

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS FOR MUNICIPAL USE ONLY

Date Request Received: _____ Date Response Provided: _____

SEE INSTRUCTIONS BELOW

Name: Ben Lykowsky, ESR
Address: 50 W 11th St, 9th Fl, STB 202
New York, NY 10011
Telephone (732) 490-1500

Information Requested:

☐ Police Accident Report

Incident Number: _____

Name of Driver/Date/Location: _____

☐ Other [specify] Accidents from 10/26/17 - 11/2/17

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Estimated Cost _____

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant

Municipal Official

Date: _____

Date: 11/3/2017

PUBLIC RECORDS REQUEST RESPONSE

TO : _____

DATE : _____

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Municipal Custodian of Records

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Applicant