State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Laura MI Last Name MAGUIRE

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zi[redacted]

Telephone [redacted] FAX

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

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

Signature Laura Maguire Date 10-31-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2 copies @ 5¢ = 10¢ pd LS

permit # 1994-819

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 # ____
Req'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Beth Kara 11/1/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name NANCY MI Last Name Pieper

E-mail Address npieper@remax.net

Mailing Address

City State Zip

Telephone 732 598 4625 FAX

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

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

Signature [signature] Date 10/31/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

copies of permit # 1997-393

10/31/18

3 copies @ 5¢ = 15¢

no fees

AGENCY USE ONLY

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

Beth Kara 11/1/18
Custodian Signature Date

RECEIVED
NOV - 2 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name: Carrie MI: L Last Name: Matthews
E-mail Address: cmatthews@atsenvironmental.com
Mailing Address: 23b Hollis Corner Road
City: Sparta State: NJ Zip: 07871
Telephone: (800) 440-8265 FAX: (888) 658-8378
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

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

Signature: Carrie L. Matthews Date: 11/02/18

Payment Information

Maximum Authorization Cost: $

Select Payment Method:

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any plans or files regarding the septic system at the following property:

13 Mercer Road
Colts Neck, NJ 07722
Block: 45 Lot: 5.03
Year Built: 1988

Lt 5 or 6.99 Ac.

C Matthews ATS Environ.

com

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking #: ____
Req'd Date: ____
Ready Date: ____
Total Pages: ____

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

Records Provided

11/6/18 - Direct response by Tom Frank.

Beth Kara 11/2/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice
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Requestor Information – Please Print

First Name Robert MI F. Last Name Munoz
E-mail Address RMUNOZ@DEMLPLAW.COM
Mailing Address Monmouth Executive Center, 100 Willow Brook Road, Suite 100
City Freehold State NJ Zip 07728
Telephone 732-462-7170 FAX 732-810-1556
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date 10-31-18

Payment Information
Maximum Authorization Cost $
Select Payment Method
Cash Check Money Order
Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

In connection with Suez Water New Jersey, Inc., please provide copies of all applications and reports for extension of the County Waste Water Sewer Plan and request for extension of franchise areas.

AGENCY USE ONLY
Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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
Completed 11/2/18
Custodian Signature 11/2/18 Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Robert MI F. Last Name Munoz

E-mail Address RMUNOZ@DEMLPLAW.COM

Mailing Address Monmouth Executive Center, 100 Willow Brook Road, Suite 100

City Freehold State NJ Zip 07728

Telephone 732-462-7170 FAX 732-810-1556

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

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

Signature _____ Date 10-31-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

A) Any and all applications, reports and Resolutions for development of Block 42, Lot 4.

B) In connection with Application No. PB-717, The Manor Homes at Colts Neck, Block 22, Lots 11, 12, 13 and 14, please provide the following:
(1) Planning Board Meeting Minutes and transcripts or tapes, of any and all Planning Board hearings.

(2) Please provide copies of the following Exhibits listed in the Resolution granting preliminary and final site plan approval dated April 14, 2015: Exhibits A-1, A-2, A-3, A-4, A-5, A-14, A-17, A-18, A-23, A-24, A-27, A-28, A-30, A-35, A-39, A-40, A-41, A-42, A-43, A-44 and A-45.

(3) Any and all Resolutions and reports filed subsequent to the adoption of the Resolution granting approval for waste water treatment and/or provisions of public drinking water.

AGENCY USE ONLY

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

Completed - per Tim Hafner 11/28/18

Beth Kara 11/2/18
Custodian Signature Date

RECEIVED
NOV - 6 2018
COLTS NECK TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI _____ Last Nam [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature _____ Date 11/06/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (I.e. name, property location, mailing address, and etc) and the total delinquent amount for the current quarter and/or previous quarters, if applicable in excel format via e-mail.

If for any reason ,you are unable to provide that list, please state the reason in detail.

Thanks in advance.

***Please refer to the Instructions on how to generate the report in excel in the Edmund System attached to the e-mail.

Please provide the list of delinquent homes for the 3rd quarter of 2018 in excel format. Thanks!

AGENCY USE ONLY

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

Completed 11/6/18

Rick Kara 11/6/18
Custodian Signature Date

State of New Jersey Standard

Open Public Records Act Request Form

Important Notice

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

Requestor Information – Please Print

First Name Doris MI ____ Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone 973-852-8538 FAX 866-396-9931

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

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

Signature [signature] Date 11/01/2018

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity October 2018
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

email sent 11/5/18 kf

Rich Kara 11/8/18

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name [redacted] MI [redacted] Last Name [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [redacted] Date 11/8/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Blk 7 Lot 2.02
The septic plan for 73 Hillsdale Rd. Colts Neck NJ
Need tank size that was installed when house built.

AGENCY USE ONLY

st. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 11/8/18
Ready Date 11/8/18
Total Pages 3 pgs.

Final Cost

Total 21¢
Deposit —
Balance Due 21¢
Balance Paid -0-

Records Provided

3 @ 7¢ ea. – $1.00 processed

Beth Kara
Custodian Signature

11/8/18
Date

RECEIVED
NOV - 8 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Stephanie MI M Last Name Solis

E-mail Address ssolis@gannett.com

Mailing Address 3600 Route 66

City Neptune Township State NJ Zip 07754

Telephone 732-403-0074 FAX

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

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

Signature Steph Solis Date ~~11.06.2018~~ 11.07.2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Pursuant to the Open Public Records Act, I request a copy of legal bills that include attorney fees in the litigation between Kevin Sauter and the township of Colts Neck between September 1, 2017 and the present.

If there is any personally identifiable information exempt under OPRA, please consider redacting the documents rather than rejecting my request altogether. If anything requires a redaction, please provide a Vaughn index identifying which records exist, which portion or portions you claim are exempt and the legal provisions you contend apply and release the remainder of such records, redacting only the portion or portions you claim are exempt.

The following request is made on behalf of the Asbury Park Press, a daily newspaper that's part of the USA Today Network. We respectfully request that any fees be waived since the records will be used for newsgathering purposes. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

Please confirm receipt of this request. If you have any questions, feel free to email or call. Thank you for your time and consideration.

AGENCY USE ONLY

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

Completed 11/28/18 BKara

Custodian Signature

11/8/18
Date

Township of Colts Neck

Open Public Records Act Request

124 Cedar Drive
Colts Neck, NJ 07722
732-462-5470
www.coltsneck.org

Requestor Information

First Name *: John
Last Name *: Glancy
Business Name (if applicable): Remax
Address *: 1130 hooper Avenue
City *: toms river
State *: NJ
ZIP *: 08722
Phone # *: (908) 910-1737
Fax #: (732) 914-0074
Email *: teamglancy@aol.com

Request | Denial Reasons | Additional Information

Request

Please be as specific as possible in describing the documents being requested. Requests for "any" and "all" are generally considered too broad and may be returned for clarification.

Timeframe for response is seven (7) business days after custodian's receipt of request. Day one (1) is the day following the custodian's receipt of your request

Request Type *: General

Describe the Request *:

BLOCK # 7.30 LOT # 3.9 (aka block7-30 Lots 3-90 NIT 1A) 23 PADDOCK LANE

1. Please provide copy of open & closed building permits.
2. Please provide copy of land survey
3. Please provide copy of all information on well system and
4. Please provide copy of all information on septic system layout
5. Please provide copy of any violation notices

A public record under the common law is one required to be kept, or necessary to be kept in discharge of a duty imposed by law, or directed by law to serve as a memorial and evidence of something written, said, or done, or a writing filed in a public office. The elements essential to constitute a public record are that it be a written memorial, that it be made by a public officer, and that the officer be authorized by law to make it.

If the information requested is a "public record" under common law and the requester has a legally recognized interest in the subject matter contained in the material, then the material must be disclosed if the individual's right of access outweighs the State's interest in preventing disclosure.

Does the requested record(s) fall under the common law? *: No

Please set forth your interest in the subject matter contained in the requested material:

Listing Broker for the Seller.

Delivery Information

How would you like to receive the information requested? *: Email

Note that your preferred method of delivery will only be accommodated if:

1. The custodian has the technological means.
2. The integrity of the records will not be jeopardized by such method of delivery.

Completed 11/9/18 B. Kara

Certification

If you are requesting records containing personal information, please certify the statement below.

Under penalty of N.J.S.A. 2C:28-3, I certify that I * Have Not been convicted of any indictable offense under the laws of New Jersey or

Your request has been submitted successfully.

Reference #	OPR-2018-00006
Date Submitted:	11/7/2018 3:44:25 PM
Confirmation email sent to:	teamglancy@aol.com

RECEIVED
NOV 12 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Milena MI ____ Last Name Tafuri-D'Egidio

E-mail Address mtafuridegidio@gmail.com

Mailing Address c/o RE/MAX CENTRAL, 520 Rt. 9 North

City Manalapan State NJ Zip 07726

Telephone 917.751.3776 FAX ____

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

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

Signature Milena Tafuri-D'Egidio Date 11/12/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hello Beth Kara,
My clients are interested in purchasing [redacted]
1 Ireton Key in The Grand in Colts Neck
(Block 41.01 / LOT 25). I am inquiring about which permits have been applied for? Which permits remain open / closed? Also, we understand home had high Radon levels and would like any info you may have on this including any mitigation.
Please email results of this OPRA to me at mtafuridegidhoa@gmail.com
Thank You!

AGENCY USE ONLY

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

Completed 11/15/18

Kathleen Capristo Custodian Signature 11/12/18 Date

Beth Kara

From: D'Ambrosio, Paul <PDAMBROSIO@gannettnj.com>
Sent: Monday, November 12, 2018 6:14 PM
To: Beth Kara
Subject: OPRA from Asbury Park Press
Attachments: Memo re_ government records request - Sauter_Colts Neck.docx

Dear Ms. Kara,

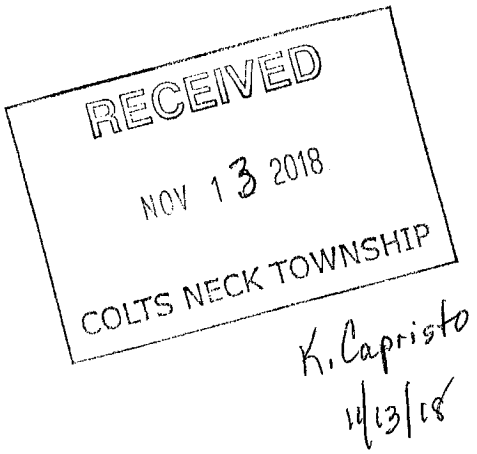
Please accept the attached letter as a request under OPRA. Your township OPRA site does not permit the full posting of the request because of the site's word limit. As you know, an OPRA can be filed through any medium and does not have to be on a township form. If you are not the OPRA custodian, please forward this request to the appropriate authority, as required by OPRA.

Sincerely,

Paul D'Ambrosio
Investigations Director
USA TODAY NETWORK New Jersey
News Director
Asbury Park Press

app.
PART OF THE USA TODAY NETWORK
Office: 732.643.4261
pmd@app.com

app.com



The USA Today Network and the Asbury Park Press, a daily newspaper of general circulation, (collectively the "Press") request, pursuant to N.J.S.A. 47:1A-1 *et. seq.* ("OPRA") and the common law, the following government record(s):

> A copy of the 2018 settlement agreement(s) between Kevin Sauter and Colts Neck Township (the "Township") in connection with the complaint filed against the Township by Mr. Sauter on or about 9/26/17 in the Monmouth County Superior Court.

Because the settlement agreement is a contract (see Scheeler v. Galloway Township, 2017 N.J. Super. Unpub. LEXIS 2847 at *12 (App. Div. 2017) ("an agreement to settle a lawsuit is a contract....")), the Press is entitled to ***immediate*** access to the agreement pursuant to N.J.S.A. 47:1A-5(e), which provides that "[i]mmediate access ordinarily shall be granted to... contracts[.]"

The Township cannot contract to keep this settlement agreement confidential. Asbury Park Press v. Cty. of Monmouth, 201 N.J. 5, 6 (2009). Consequently, the Press requests immediate access to the settlement agreement(s).

The Press is entitled to the requested material under the common law as well. OPRA provides:

> Nothing contained in [OPRA], as amended and supplemented, shall be construed as limiting the common law right of access to a government record. . . .

N.J.S.A. 47:1A-8. Whether a record is exempt under OPRA is not dispositive of a common law claim for access. Indeed, a record that falls under a statutory right to know law exemption may still have to be produced under a common law analysis. See Home News v. Dep't of Health, 144 N.J. 446, 453-54 (1996). A common law record is:

> one required by law to be kept, or necessary to be kept in the discharge of a duty imposed by law, or directed by law to serve as a memorial and evidence of something written, said, or done, or a written memorial made by a public officer authorized to perform that function, or a writing filed in a public office.

Nero v. Hyland, 76 N.J. 213, 222 (1978) (citation omitted). The settlement agreement requested is a common law public record.

Under common law, the threshold condition for access to public records is that a citizen establishes an interest in the subject matter of the material he or she is seeking. Irval Realty v. Bd. of Pub. Util. Comm'rs, 61 N.J. 366, 372 (1972). News media are accorded standing under the common law. "[A] newspaper's interest in 'keep[ing] a watchful eye on the workings of public agencies' is sufficient to accord standing under the common law." S. N.J. Newspapers, Inc. v. Twp. of Mt. Laurel, 141 N.J. 56, 71 (1995) (citations omitted).

After this interest has been established in a public record, a court must balance it against the public interest of maintaining the document's confidentiality. Loigman v. Kimmelman, 102 N.J. 98, 112 (1986).

Here, the public, including the Press, has a significant interest in litigation between public employees and public employers, allegations of wrongdoing and impropriety by public entities and employees, payment of settlements with taxpayers' monies, and attempts to shield settlement agreements from the public.

The public's right to know how its tax dollars are spent and what transpired in this instance, specifically, outweigh any purported privacy concerns of the government or government officials. Secret agreements by the government are antithetical to the public's need to understand the workings of government and any "non-disclosure" provision in a settlement agreement between a governmental entity and a public employee violates this State's longstanding public policy of and commitment to transparency in government.

We respectfully request that any fee be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If you claim any portion of the above public records are exempt from disclosure under the law, please provide a Vaughn index identifying which records exist, which portion or portions you claim are exempt and the legal provisions you contend apply, and release the remainder of such records, redacting only the portion or portions you claim are exempt.

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7823 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lexis Nexis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 11-13-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09049
18CN07917
18CN09764
18CN09764
18CN09597
18CN09618
18CN09678
18CN08130
18CN09710
18CN09716

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 $50.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 74964419
CK# 74878116
CK# 74966142
CK# 74968991
CK# 74869056
CK# 74869086
CK# 74955492

CK# 74879426
CK# 74915228
CK# 74923205

11/14/18

Beth Kara

From: FOIA@Buildzoom <foia@buildzoom.com>
Sent: Wednesday, November 14, 2018 5:46 PM
To: Beth Kara
Subject: Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Colts Neck township, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Colts Neck township and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Sep 30, 2018?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Janine Rugas

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Bonnie MI L Last Name Biber

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature Bonnie L Biber Date 11/13/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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ISCN 07936

AGENCY USE ONLY

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

Rae Behrens 11/14/18

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name M.Weiss & Associates, PC MI Last Name

E-mail Address 41 Bayard Street New Brunswick, NJ 08901 LAvellino@mweisslaw.com

Mailing Address

City State Zip

Telephone 732 418 9111 FAX 732 418 9115

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

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

Signature Date 11-14-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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Copy of Dusan Sokolak's MVA report from
10.18.18
report # 18CN04338
please email to
LAvellino@mweisslaw.com

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date
Ready Date
Total Pages 3

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided
emailed 11/15/18

Rae Behrens Custodian Signature 11/15/18 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name JESUS MI A Last Name ARVINO

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted]

Telephone _____ FAX _____

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

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

Signature Jesus Arvino Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case# 18CN09599

Picking up Police Report on worker.

11/14/18

AGENCY USE ONLY

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

Rae Behrens 11/15/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name BEN MI ____ Last Name LYHOVSKY

E-mail Address Benlyhovsky@gmail.com

Mailing Address 50 US HIGHWAY 9, SUITE 202

City MORGANVILLE State NJ Zip 07751

Telephone 732-490-5800 FAX 732-792-3540

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

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

Signature _____ Date 11/12/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MOTOR VEHICLE ACCIDENT REPORTS FROM 11/5/18 THROUGH 11/11/18

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 # ____
Recd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens 11/15/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address Magdi@SphLaw-Com

Mailing Address 100 West Pond Road

City Woodbridge State NJ Zip 08861

Telephone _____ FAX _____

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

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

Signature _____ Date 11/12/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Car Accident Police Reports

11/5/18 - 11/11/18

AGENCY USE ONLY

st. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 11/15/18

Beth Kara

From: Anonymous <opra+request-2960-45586d0c@requests.opramachine.com>
Sent: Thursday, November 15, 2018 6:34 AM
To: Beth Kara
Subject: OPRA request - Kevin Sauter Lawsuit

Dear Colts Neck Township,

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.
Records requested:
Copy of Complaint in matter Kevin Sauter Vs. Colts Neck Township Copy of all Answers filed.
Copies of all settlement agreements and general releases.
Copy of stipulation of dismissal.

Yours faithfully,

Anonymous

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-2960-45586d0c@requests.opramachine.com

Is bkara@coltsneck.org the wrong address for OPRA requests to Colts Neck Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=colts_neck_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/kevin_sauter_lawsuit

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address Magdi@SPhLaw-Com

Mailing Address 100 West Pond Road

City Woodbridge State NJ Zip 08861

Telephone _____ FAX _____

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

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

Signature _____ Date 11/19/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Car Accident Police Reports

11/12/18 - 11/18/18

AGENCY USE ONLY

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

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

The second page 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 S Last Name HARDY

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature Barbara J Hardy Date 11-19-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

#18CN09710
accident report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 3

Final Cost

Total 15.4
Deposit ____
Balance Due ____
Balance Paid 15.4

Records Provided

Rae Behrens
Custodian Signature

11/19/18
Date

RECEIVED

NOV 19 2018

COLTS NECK TOWNSHIP

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI [redacted] Last Name [redacted]

E-mail Address [redacted]

Mailing Address

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature Elaine C. Murray Date 11/16/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 6 cents
Legal: 7 cents

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

Extras: Special service charge dependent upon request.

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

Engineering Report for the Town Hall cupola

AGENCY USE ONLY

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

11/21/18 completed.

Custodian Signature

11/19/18
Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/14/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 2018-11-06

End Date 2018-11-12

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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 11/19/18 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lewis Lewis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 11-16-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09691

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 5.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 74997 4881

Rae Behrens 11/19/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7823 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Louis Nelis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7006

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09872
18CN09936
18CN09910
18CN09879
18CN09908

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 25.00/xx
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 75091582
75120689
75135946
75073831
75087812

Custodian Signature

11/19/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7823 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Travis NEVIS MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 11/19/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09810

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 5.09/xx
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK # 74992873/

Rae Behrens 11/19/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name BEN MI ____ Last Name LYHOVSKY

E-mail Address Benlyhovsky@gmail.com

Mailing Address 50 US HIGHWAY 9, SUITE 202

City MORGANVILLE State NJ Zip 07751

Telephone 732-490-5800 FAX 732-792-3540

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

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

Signature _____ Date 11/19/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MOTOR VEHICLE ACCIDENT REPORTS FROM 11/12/18 THROUGH 11/18/18

AGENCY USE ONLY

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

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7328 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Vincenzo MI E Last Name Locilento

E-mail Address vince@Qualitytirenj.com

Mailing Address 220 verdant ct

City Freehold State N.J. Zip 07728

Telephone 609-597-2888 FAX 609-597-3362

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

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

Signature [signature] Date 11-16-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09839

AGENCY USE ONLY

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

Deposit Date ____

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 ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 11/19/18
Custodian Signature Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/19/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 2018-10-16

End Date 2018-10-29

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.

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

11/20/18 Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-6470 Fax: 732-431-3173
Beth Kara, Custodian of Record

RECEIVED
NOV 20 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name JERRY MI Last Name GOLDENBERG

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip

Telephone [redacted] FAX

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

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

Signature [signature] Date 11-15-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

MY NEW HOME IS BEING CONSTRUCTED ON 9 PRINCETON LANE IN COLTS NECK.
THIS IS PART OF THE DEVELOPMENT WITH BLOCK 10, LOT 2.02.
I REQUEST THE ORIGINAL SITE APPROVAL DOCUMENTS, AND THE FINAL DEVELOPMENT 'MEMORIALIZATION OF RESOLUTION' DOCUMENTS.

PD704

11/28/18 pd 75¢ KS

AGENCY USE ONLY

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

Beth Kara 11/20/18
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address opra@brinksconsulting.com

Mailing Address 1256 Liberty Avenue

City Hillside State New Jersey Zip 07205

Telephone 844-462-7465 FAX ____

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

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

Signature Carly Kaminsky Date 11/20/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide:

Construction permit summary report, List of applications, or extract of permits for the installation, Removal or decommissioning of any underground heating oil storage tanks at: 8 Seeding Dr. Colts Neck

Block # 21 Lot# 3.17

permit records as old as you have

AGENCY USE ONLY

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

Completed 11/28/18

Custodian Signature

11/20/18
Date

RECEIVED
NOV 21 2018

OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
NOV 20 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information -- Please Print

First Name Carly MI ____ Last Name Kamlnsky

E-mail Address opra@brinksconsulting.com

Mailing Address 1266 Liberty Avenue

City Hillside State New Jersey Zip 07205

Telephone 844-462-7465 FAX ____

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

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

Signature Carly Kamlnsky Date 11/20/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide:

Construction permit summary report, List of applications, or extract of permits for the installation, Removal or decommissioning of any underground heating oil storage tanks at: 3 Seeding Dr. Colts Neck

Block # 21 Lot# 3.17

permit records as old as you have

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

11/20/18
Date

RECEIVED
NOV 21 2018

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-8470 Fax: 732-431-3173
Beth Kara, Custodian of Record

RECEIVED
NOV 20 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Kenneth MI N Last Name Facah
E-mail Address Kfacah@firstenvironment.com
Mailing Address first Environment, 91 Fulton St.
City Boonton State NJ Zip 07005
Telephone 973-334-0003 FAX 973-334-0928
Preferred Delivery: Pick Up ____ US Mail X On-Site Inspect ____ Fax X E-mail X

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

Signature Kenneth Facah IV Date 11/19/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting info for Noble Estate lots located on corner of Rt 537 & Lakeside Ave: Specifically Back 39, Lots 11.02, 11.03, 11.05, 11.07, 11.08, 11.09 Conducting Phase I ESA/RA of lots. Seeking any info on hand from Tax Assessor, Bldg/DPW, Fire, Environmental Depts; relating to any hazardous material use / storage, building fires, construction, environmental permits, above or underground storage tanks, spills or releases to the environment. Lots are vacant w/ addresses unknown. and utility suppliers.

AGENCY USE ONLY

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

Beth Kara 11/20/18
Custodian Signature Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/21/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 2018-11-13

End Date 2018-11-19

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth.Kara, Custodian of Record

RECEIVED
NOV 21 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Rich MI ____ Last Name Marino

E-mail Address ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX ____

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

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

Signature ____ Date 11/15/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.06 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge dependent upon request.

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

I REQUEST BLOCK 21.08 Block 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.

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Beth Kara 11/21/18
Custodian Signature Date

48 | 23.10

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth.Kara, Custodian of Record

RECEIVED
NOV 21 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Sangita MI ____ Last Name Sanchety

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX ____

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

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

Signature Sanchety Date 11/12/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Survey

Block 48 Lot 23.10

AGENCY USE ONLY

st. Document Cost ____
Ext. Delivery Cost ____
Ext. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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

Beth Kara 11/21/18
Custodian Signature Date

RECEIVED
NOV 21 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information — Please Print

First Name Christopher M J. Last Name Hanlon, Esq.
E-mail Address chanlon@hnlawfirm.com
Mailing Address 3499 Route 9 North, Suite 1-F
City Freehold State NJ Zip 07728
Telephone 732-863-9900 FAX 732-431-2499
Preferred Delivery: Pick Up ____ US Mail X On-Site Inspect ____ Fax ____ E-mail ____

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

Signature _____ Date 11/20/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

This office represents Glen and Jill Asher, owners of the Colts Neck General Store, located at Monmouth County Route 537 in the Township of Colts Neck.

Please provide to the undersigned a copy of the entire file maintained by the Colts Neck Township Planning Board related to the matter of the applications of John T. Illmensee/Ron Rose Office Building, Block 30, Lots 14 and 15,

AGENCY USE ONLY

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

T. Antuso contacted requestor, who came in, viewed file & recid copies of what needed - Completed 11/29/18.

Custodian Signature 11/21/18 Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

RECEIVED
NOV 21 2018
~~COLTS NECK TOWNSHIP~~

Important Notice

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

Requestor Information – Please Print

First Name Milena MI ____ Last Name Tafuri-D'Egidio
E-mail Address mtafuridegidio@gmail.com
Mailing Address c/o RE/MAX CENTRAL, 520 Rt. 9 North
City Manalapan State N.J. Zip 07726
Telephone 917-751-3776 FAX ____
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

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

Signature Milena Tafuri-D'Egidio Date 11/12/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hello Beth Kara,
My clients are interested in purchasing [redacted]
1 Ireton Key in The Grand in Colts Neck
(Block 41.01 / LOT 25). I am inquiring about which permits have been applied for? Which permits remain open / closed? Also, we understand home had high Radon levels and would like any info you may have on this including any mitigation.
Please email results of this OPRA to me at mtafuridegidhoo@gmail.com
Thank you!

AGENCY USE ONLY

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

Beth Kara
Custodian Signature

11/21/18
Date

Beth Kara

From: Anonymous <opra+request-3022-7493ab2f@requests.opramachine.com>
Sent: Thursday, November 22, 2018 4:53 AM
To: Beth Kara
Subject: OPRA request - 911 Audio 11/20/2018 Fire

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Colts Neck Township,

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.
Records requested:

Please provide digital audio files in electronic format of all recorded 911 calls received by the Colts Neck Police of the fire on November 20, 2018 located at 15 Willow Brook Road.

In the event that there is a voluminous amount of calls, please limit these to the first 5 call recordings so as to avoid a special service charge.

Yours faithfully,

Anonymous

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-3022-7493ab2f@requests.opramachine.com

Is bkara@coltsneck.org the wrong address for OPRA requests to Colts Neck Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=colts_neck_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/911_audio_11202018_fire

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name ADAM MI C Last Name MILLER

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX N/A

Preferred Delivery: Pick Up NO US Mail YES On-Site Inspect NO Fax NO E-mail NO

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

Signature ADAM C. MILLER Date 26 NOV 2018

Payment Information

Maximum Authorization Cost $100

Select Payment Method

Cash | Check | Money Order

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

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

Extras: Special service charge dependent upon request.

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

Herein are requested all Colts Neck Police Department reports and/or arrest records that identify myself, Adam C. Miller. The document(s) requested are necessarily dated between September 23, 1986 and the present date of November 26, 2018. This request is not the same as the prior OPRA request that I did submit to the Colts Neck Police Department records bureau via email on September 27, 2018, the response to which was received in an email dated October 1, 2018 transmit at 1307 EST from rbehrens@coltsneckpolice.com to [redacted] with two pdf documents attached, the first a response letter from the Custodian of Records undersigned Mr. Rae Behrens, and the second a police report for incident 18CN08589. This request is specifically made to obtain via US mails hard-copy editions of the one known police report bearing my name, and if available any new document(s) that can be released on the present date that are dated on or after October 1, 2018. Furthermore, these government document(s) are requested pursuant to common law as this requestor is a named party thereupon.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

7017 2620 0000 0207 3102
Sent certified Mail

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

Rae Behrens 11/26/18
Custodian Signature Date

RECEIVED
NOV 26 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-6470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name CARMINE MI Last Name MERLUCCI

E-mail Address CMERLUCCI@TOLLBROTHERS.COM

Mailing Address 100 WILLOW BROOK ROAD, SUITE 200

City FREEHOLD State NJ Zip 07728

Telephone 732-687-1966 FAX 732-303-0003

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

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

Signature [signature] Date 11-26-18

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

BLOCK 39 LOT 11.06

- HEALTH DEPARTMENT RECORDS FOR SEPTIC INCLUDING
  - APPLICATION FOR PERMIT TO CONSTRUCT, PERMIT, PLANS, PERMEABILITY TESTS, SOILS BORINGS.
- HEALTH DEPARTMENT RECORDS FOR WATER WELL INCLUDING
  - APPLICATION FOR PERMIT TO LOCATE & CONSTRUCT, PERMIT, PLANS,

AGENCY USE ONLY

Block 39 ___
Lot 11.06 ___
8 Noble Court ___

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

11/27/18 - completed.

Beth Kara 11/26/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7823 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lewis Lewis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 11-27-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CNO9045

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 5.00/xx
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
CK # 750249361

Rae Behrens
Custodian Signature

11/27/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7823 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Louis News MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 11-27-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09999
18CN10119
18CN10029

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 15.06/xx
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 751889491
CK# 752541001
CK# 752055342

Rae Behrens
Custodian Signature

11/27/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Denzell MI A Last Name Marcade

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephon[redacted] FAX

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

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

Signature Denzell M. Date 11/15/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request the MVR from officer Richard. Patrol vehicle for a stop that took place on monday november 12th.

AGENCY USE ONLY

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

Deposit Date ___

AGENCY USE ONLY

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

MVR video emailed 11/27/18 could not contact by phone.

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

Sent email to Call if he wants to pick up hard copy for the file of $5

Rae Behrens 11/28/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Loki MI A Last Name Vollico-Bizzarro

E-mail Address

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/28/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Picking up Crash doc from accident on 11-15-18

AGENCY USE ONLY

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

Rae Behrens 11/28/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name RICHARD MI ____ Last Name BONANNO

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 11/29/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN10180

AGENCY USE ONLY

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

Theft report mailed 11/29/18

Rae Behrens 11/28/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
...Beth Kara, Custodian of Record

RECEIVED
NOV 28.2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI [redacted] Last Name [redacted]

E-mail Address N/A

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone _____ FAX _____

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

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

Signature Elaine C. Imamura Date 11/28/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Napco Copy Graphs 44875
Town Hall Architect Plans Check No date 11/19/18
Maintenance + Repair of facility

AGENCY USE ONLY

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

Completed 11/30/18

Beth Kara 11/28/18
Custodian Signature Date

RECEIVED
NOV 30 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Susan MI E Last Name Payne

E-mail Address spayne@ameritrustresidential.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 848-448-5767 FAX _____

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

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

Signature Susan E Payne Date 11/28/18

Payment Information

Maximum Authorization Cost $ 5.00

Select Payment Method

Cash Check X Money Order

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

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

Extras: Special service charge dependent upon request.

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

Survey of Property
Elevation Certification
Zoning Permits
Buildings Plans for Permit# 2005-413 (second story over garage and one story family room addition

in reference to:

4 Maplecrest Ln,
Colts Neck
Blk: 29.03
Lot: 6

AGENCY USE ONLY

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

Beth Kara
Custodian Signature

11/30/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI C Last Name Meeks

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18CN 10145
Rec'd Date 11/30/18
Ready Date 11/30/18
Total Pages 3

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

11/30/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Amir [redacted] MI ____ Last Name Ebid

E-mail Address ____

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX ____

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

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

Signature ____ Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 # 18CN10634
Rec'd Date 11/15/18
Ready Date 11/30/18
Total Pages 3

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

11/30/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name ANDREW MI _____ Last Name SIWAKOWSKI

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature Andrew Siwakowski Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18CN0029
Rec'd Date 11/27/18
Ready Date 11/30/18
Total Pages 3

Final Cost

Total .00
Deposit _____
Balance Due _____
Balance Paid .00

Records Provided

18CN0029

Rae Behrens 11/30/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Nadiya t MI ____ Last Name Horbatyuk

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX ____

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

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

Signature M. Horbatyuk Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 # 18109999
Rec'd Date 11/14/18
Ready Date 11/30/18
Total Pages 3

Final Cost

Total 1.15
Deposit ____
Balance Due ____
Balance Paid 1.15

Records Provided

Rae Behrens 11/30/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name AURELIA MI T Last Name CRISTOFANO

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature Aurelia Cristofano Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 # 18CN10157
Rec'd Date 11/19/18
Ready Date 11/30/18
Total Pages 3

Final Cost

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

Records Provided

Rae Behrens
Custodian Signature

11/30/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Theodore MI W Last Name Giannechini

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature _____ Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # LBCN10187
Rec'd Date 11/20/18
Ready Date 11/30/18
Total Pages 3

Final Cost

Total .05
Deposit _____
Balance Due _____
Balance Paid .1

Records Provided

Custodian Signature

11/30/18 Date

Rae Behrens

From: Kevin Shea <KSHEA@njadvancemedia.com>
Sent: Friday, November 30, 2018 4:35 PM
To: Rae Behrens
Subject: Caneiro

Hello Colts Neck PD,

We are looking for the probable cause affidavit, re Paul Caneiro.

If you can attach as a PDF, or otherwise email, we'd appreciate it.

I am Alex Napoliello's supervisor at NJ.com and the Star-Ledger. We're working on this together.

Thanks,

Number below is my cell

Kevin Shea | Managing Producer/ Supervising Reporter
NJ Advance Media
413 RiverView Plaza | Trenton, NJ 08611
p: 609-819-2390
e: KSHEA@njadvancemedia.com

Sent

NJ ADVANCE MEDIA REPORTING FOR
The Times + NJ.com

Ken Scarvo App
Dan Alex 101.5
Josh Margolin ABC. News
Alex Decan - App.
Alex Napoliello -

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name SCOTT MI Last Name SMITH

E-mail Address SCOTNJREALTOR@gmail.com

Mailing Address 4 South Holmdel Rd

City Holmdel State NJ Zip 07733

Telephone (732) 778-2901 FAX

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

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

Signature [signature] Date 11/29/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Removed files for Bl 19 Lot 3.

2 copies @ 7¢ pol 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.

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

[signature] Custodian Signature 11/30/18 Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED
NOV 30 2018
COLTS NECK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Avi MI ____ Last Name Kelin

E-mail Address akelin@genovaburns.com

Mailing Address Genova Burns, 494 Broad Street

City Newark State NJ Zip 07102

Telephone (973) 533-0777 FAX (973) 533-1112

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost: $20.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge, dependent upon request.

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

Kindly email to me:

1) **All documents relating to the municipality's most recent RFQ or RFP soliciting vendors for the position of real estate appraiser or real-estate-appraisal-services provider, including, but not limited to, the RFP or RFQ soliciting vendors for the position of real estate appraiser or real-estate-appraisal-services provider.**

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Completed 12/3/18

Date 11/30/18

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Sarah MI F. Last Name Findel

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature _____ Date NOV. 13th 2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

11/13/18
provided requested info
/Russell D Es

AGENCY USE ONLY

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

Beth Kara
Custodian Signature

11/30/18
Date

RECEIVED

NOV 30 2018

COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Susan MI E Last Name Payne

E-mail Address spayne@ameritrustresidential.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 848-448-5767 FAX _____

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

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

Signature Susan E Payne Date 11/28/18

Payment Information

Maximum Authorization Cost $ 5.00

Select Payment Method

Cash Check x Money Order

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

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

Extras: Special service charge dependent upon request.

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

Survey of Property
Elevation Certification
Zoning Permits
Buildings Plans for Permit# 2005-413 (second story over garage and one story family room addition

in reference to:

4 Maplecrest Ln,
Colts Neck
Blk: 29.03
Lot: 6

AGENCY USE ONLY

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

Completed 12/17/18

Custodian Signature Beth Kara Date 11/30/18

RECEIVED
DEC - 3 2018
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Alex MI N. Last Name Gecan

E-mail Address agecan@gannettnj.com

Mailing Address 3600 NJ 66, Second Floor (care of Asbury Park Press)

City Neptune State NJ Zip 07753

Telephone 732-643-4043 FAX 732-643-4013

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

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

Signature _____ Date 12/3/2018

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. Emails between court Administrator Kathryne Bradach and recipients with email addresses ending "@wsj.com," beginning at 12 a.m. Nov. 29, 2018 and ending at 11:59 p.m. Nov. 30, 2018, pertaining to N.J. v. Paul Caneiro, a criminal matter, complaint No. W-2018-58.

2. Documents sent as attachments thereto.

AGENCY USE ONLY

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

Completed 12/6/18

Beth Kara — Custodian Signature
12/3/18 — Date

RECEIVED

DEC - 3 2018

COLTS NECK TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI: _____ Last Name [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX _____

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

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

Signature _____ Date 11/30/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, property location, mailing address, and etc) and the total delinquent amount for the current quarter and/or previous quarters, if applicable in excel format via e-mail.

If for any reason ,you are unable to provide that list, please state the reason in detail.

Thanks in advance.

***Please refer to the Instructions on how to generate the report in excel in the Edmund System attached to the e-mail.

Please provide the list of delinquent homes for the 4th quarter of 2018 in excel format. Thanks!

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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

Completed 12/3/18

Custodian Signature

12/3/18

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Wendy MI _____ Last Name Graziano

E-mail Address _____

Mailing Address [redacted]

City _____ State _____ Zip _____

Telephone [redacted] FAX _____

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

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

Signature [signature] Date 12-3-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case # 18CN10119

Pick up report for Emanuel Graziano

AGENCY USE ONLY

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

Rae Behrens 12/3/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address Magdi@SphLaw-Com

Mailing Address 100 West Pond Road

City Woodbridge State NJ Zip 08861

Telephone _____ FAX _____

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

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

Signature _____ Date 11/26/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Car Accident police Reports
11/19/18 – 11/25/18

AGENCY USE ONLY

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

Rae Behrman 11/3/18
Custodian Signature Date

Beth Kara

From: Anonymous <opra+request-3132-5439e0bc@requests.opramachine.com>
Sent: Tuesday, December 04, 2018 7:13 PM
To: Beth Kara
Subject: OPRA request - OPRA Requests

Dear Colts Neck Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
I'm requesting copies of all OPRA requests received from 11/01/2018-12/04/2018.

Yours faithfully,

Anonymous

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-3132-5439e0bc@requests.opramachine.com

Is bkara@coltsneck.org the wrong address for OPRA requests to Colts Neck Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=colts_neck_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_requests_411

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED

DEC - 4 2018

COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Alexandra MI ____ Last Name Nawrot

E-mail Address anawrot@rouxinc.com

Mailing Address 402 Heron Drive

City Logan Twp. State NJ Zip 08085

Telephone (856) 423-8800 FAX ____

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

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

Signature [signature] Date 12/3/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are conducting a combined Phase I (ASTM 1527-13) [and Preliminary Assessment] of the property address 7200 Asbury Ave., Colts Neck, NJ 07753, Block: 56.01 Lot: 4 (Previously Block 56.1, Lot 4). As part of the File Review, we are requesting that your office perform a records search to seek all Environmental Records including all identifiable remedial, permitting, and enforcement violations on the subject property. Thank you.

AGENCY USE ONLY

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

Completed 12/17/18

[signature] 12/4/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Zolan MI V. Last Name Kanno-Youngs

E-mail Address Zolan.Kanno-Youngs@wsj.com

Mailing Address 121 6th Ave.

City Manhattan State NY Zip 10036

Telephone 617-233-9502 FAX

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

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

Signature _____ Date 11/29/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I'm requesting the complaint filed between Nov 28th and Nov 29th against Paul Caneno, This is regarding the Colts Neck, N.J., fire and the alleged killing of Keith Caneto, Tarika Caneto and their two children. Paul Caneto is 51 years old

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 11/29/18

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Metropolitan Reporting Bureau Last Name

E-mail Address

Mailing Address Wm. Penn Annex PO Box 926

City Philidelphia State PA Zip 19105-0926

Telephone FAX

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

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

Signature Date 12-4-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09766
18CN09839 (LOCILENTO)
18CN09839 (VEGAL)

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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 15.00
Deposit
Balance Due
Balance Paid

Records Provided
CK# 111860368
CK# 111860370
CK# 111860369

Rae Behrens 12/4/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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Requestor Information – Please Print

First Name MARIA MI ____ Last Name Thompson

E-mail Address DRAGin & Warshaw Law

Mailing Address 3315 Hwy 35

City Hazlet State NJ Zip 07730

Telephone ____ FAX ____

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

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

Signature ____ Date 12-03-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN10188

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 75.00/xx
Deposit fee
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens 12/4/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name X Aishat MI ____ Last Name Adapoju

E-mail Address ____

Malling Address X [redacted]

City X [redacted] State [redacted] Zip [redacted]

Telephone ____ FAX ____

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

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

Signature X [signature] Date X 12/03/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN10037

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 15¢
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Rae Behrens
Custodian Signature

12/4/18
Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name BEN MI ____ Last Name LYHOVSKY

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/26/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MOTOR VEHICLE ACCIDENT REPORTS FROM 11/19/18 THROUGH 11/25/18

AGENCY USE ONLY

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

[signature] Custodian Signature 12/4/18 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Julian MI L Last Name Rizzato-Flanchow

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [signature] Date 12-5-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case# 16CN05697

Picking up Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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 N/C
Deposit ____
Balance Due ____
Balance Paid N/C

Records Provided

Rae Behrens 12/5/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Judith MI B Last Name Morgen-Donofrio

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature Judith B Morgen-Donofrio Date 12/5/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case # 18CN10354

pickup accident report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

Rae Behrens 12/5/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Mauricio MI A Last Name Bustillo

E-mail Address _____

Mailing Address [redacted]

City [redacted] State _____ Zip _____

Telephone _____ FAX _____

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

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

Signature [signature] Date 12/4/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09839

AGENCY USE ONLY

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

Rae Behrens 12/5/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Howard MI S Last Name Teitelbaum

E-mail Address

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone FAX

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

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

Signature _____ Date 12/4/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN10432

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 20¢
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Rae Behrens
Custodian Signature

12/5/18
Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/28/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 2018-11-20

End Date 2018-11-26

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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

12/5/18

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lewis Nevis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeastern State PA Zip 19398

Telephone _____ FAX _____

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

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

Signature _____ Date 12-4-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN10180
18CN10024
18CN10156
18CN10187
18CN10188
18CN10092
18CN10209

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 35.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 753986611
CK# 754078161
CK# 753144801
CK# 752893791
CK# 752954841
CK# 753129661
CK# 753204451 12/5/18

Rae Behrens
Custodian Signature Date

Colts Neck Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323 Fax: 7327800226

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/19/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 2018-11-10

End Date 2018-11-16

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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

12/5/18

Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lexis Nexis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southeast State _____ Zip _____

Telephone _____ FAX _____

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

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

Signature _____ Date 11/5/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09483
18CN07906
18CN08361
18CN09412
18CN09413

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 25%
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 74771231
CK# 74810931
CK# 74805912
CK# 74839861
CK# 74815121

Rae Behrens
Custodian Signature

11/5/18
Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI [redacted] Last Name [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature ___ Date 11/27/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Do Rimwood Ln
Septic Record

AGENCY USE ONLY

st. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated 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 11/14/18
Ready Date 11/14/18
Total Pages 5

Final Cost

Total 25¢
Deposit ___
Balance Due ___
Balance Paid 25¢

Records Provided

5 @ 5¢ ea. = $0.25 processed

Beth Kara
Custodian Signature

12/6/18
Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI [redacted] Last Name [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX

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

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

Signature [redacted] Date 12.5.18

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Septic Location Map Block 21 Lot 22

AGENCY USE ONLY

st. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated 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 12/5/18
Ready Date 12/5/18
Total Pages 20

Final Cost

Total $1.00
Deposit ___
Balance Due ___
Balance Paid $1.00

Records Provided

20 @ 5¢ each. = $1.00 processed

Beth Kara 12/6/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name [redacted] MI ____ Last Name [redacted]

E-mail Address [redacted]

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/5/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MOTOR VEHICLE ACCIDENT REPORTS FROM 10/29/18 THROUGH 11/4/18

AGENCY USE ONLY

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

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	____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 11/6/18
Custodian Signature Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address Magdi@SphLaw-Com

Mailing Address 100 West Pond Road

City Woodbridge State NJ Zip 08861

Telephone _____ FAX _____

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

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

Signature _____ Date 11/5/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Car Accident Police Reports

10/29/18 – 11/4/18

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature 11/06/18 Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name PIOTR MI K Last Name NOWORYTA

E-mail Address

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone FAX

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

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

Signature [redacted] Date 11/06/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

13CN07861

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 10¢

Records Provided

Rae Behrens 11/6/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

[redacted]

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name JCP&L MI _____ Last Name _____

E-mail Address _____

Mailing Address 101 Crawfords Corner Rd Bdg 1 Suite 1-511

City Holmdel State NJ Zip 07733

Telephone _____ FAX _____

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

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

Signature _____ Date 11-7-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN06219
18CN08888

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 10.04

Total 10.04
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
CK# 2845790
CK# 2845791

Rae Behrens 11/8/18
Custodian Signature Date

COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722
(732) 780-7323 & (732) 780-0226
cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records

Important Notice

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

Requestor Information – Please Print

First Name Lexis Nexis MI ____ Last Name ____

E-mail Address ____

Mailing Address PO Box 1000

City Southeastern State PA Zip 19398

Telephone ____ FAX ____

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

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

Signature ____ Date 11/8/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

18CN09664

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated 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 5.00 FAX

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Check # 748747361

Rae Behrens
Custodian Signature

11/9/18
Date