



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 Rexis Rexis MI _____ Last Name _____
E-mail Address _____
Mailing Address PO Box 7000
City South Hackensack 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 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.

18CNO9483
18CNO7906
18CNO8361
18CNO9412
18CNO9413

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # _____ Total 25
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CK# 747717231
CK# 748109131
CK# 748059312
CK# 748398361
CK# 747715121
Rae Behrens
Custodian Signature

11/5/18
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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 (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	BEN	MI		Last Name	LYHOVSKY
E-mail Address	[REDACTED]				
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 <u>HAVE / HAVE NOT</u> 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		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided _____	Date _____
Est. Delivery Cost	_____				
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress _____ Denied _____ Filled _____ Partial _____	Open _____ Closed _____ Closed _____ Closed _____	[Signature: Rae Behrens] Custodian Signature	11/6/18 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

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Requestor Information – Please Print

First Name PIOTR MI K Last Name NOWORYTA

E-mail Address _____

Mailing Address _____

City X SOMERSET State NJ Zip 08873

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 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.

13CNO7861

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 105

Records Provided

Rae Behrens 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

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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 [Signature] Date 11/5/13

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

10/29/13 - 11/4/13

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated 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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided _____

[Signature] 11/06/13
 Custodian Signature Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive, Colts Neck NJ 07722
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Rae Behrens, Custodian of Police Records



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Requestor Information – Please Print

First Name MARTIN MI J Last Name WALSH
E-mail Address _____
Mailing Address _____
City WALL State NT Zip 07719
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 _____

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.

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18CN09588

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 2

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid 104

Records Provided

Rae Behrens
Custodian Signature

11/6/15
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive, Colts Neck NJ 07722
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cnpd@coltsneckpolice.com
Rae Behrens, Custodian of Police Records



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Requestor Information - Please Print

First Name Lewis Lewis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 7000

City Southwestern 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 11-7-18

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 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.

18CN09431

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # _____ Total \$ 00.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CK# 74727911

Rae Behrens 11/8/18



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

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Requestor Information – Please Print

First Name JCP & L MI _____ Last Name _____

E-mail Address _____

Mailing Address 101 Crawford's Corner Rd Bldg 1 Suite

City Holmdel State NJ Zip 07733 1-511

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 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.

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 _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 10.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CK# 2845790
CK# 2845791

D. R. 11

11-7-18



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

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Requestor Information - Please Print

First Name Alexis Alexis MI _____ Last Name _____

E-mail Address _____

Mailing Address PO Box 1000City 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.

18CIV09664

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 504.14
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Check #

748747361Rae Behrens
Custodian Signature11/9/18
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



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Requestor Information - Please Print

First Name Wm MI Heard Last Name Heard
E-mail Address _____
Mailing Address _____
City Jersey City State NJ Zip 07310
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 11/9/18

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.

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PICKING UP Accrpt Reports
Case# 18CNO9678

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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In Progress - ☐ Open _____
Denied - ☐ Closed _____
Filled - ☐ Closed _____
Partial - ☐ Closed _____

AGENCY USE ONLY

Tracking Information

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

Records Provided

[Signature]
Custodian Signature

11/9/18
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

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

AGENCY USE ONLY

Est. Document Cost
 Est. Delivery Cost
 Est. Extra 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 # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided

Custodian Signature

Date

11/15/18

**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 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 [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.
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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
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 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 [Signature] Date 11/15/18



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Rae Behrens, Custodian of Police Records



Important Notice

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Requestor Information - Please Print

First Name Louis Nexis MI _____ Last Name _____
E-mail Address _____
Mailing Address PO Box 7000
City Southwestern 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 material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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18CN09047
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
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In Progress - Open _____
Denied - Closed _____
Filled - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total \$500.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
CK# 749644771 Records Provided CK# 748794263
CK# 748781162
CK# 749661421 CK# 749152282
CK# 749689891
CK# 748690562 CK# 749232050
CK# 748690862
CK# 749558492 #114/15



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 Last Name 41 Bayard Street
E-mail Address 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.
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 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

mailed 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

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Requestor Information – Please Print

First Name JESUS MI A Last Name Andino
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City NJ State NJ Zip 07724
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 _____

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# 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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	_____	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		

Rae Behrens 11/15/18
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 11/14/2018

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>Rae Birkens</u>		Date <u>11/19/18</u>	



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 Louis Nevais 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 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.

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

Records Provided

CK# 74997 4881

Rae Behrens 11/19/18
Custodian Signature Date

Final Cost 5.00



COLTS NECK TOWNSHIP POLICE DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck NJ 07722

(732) 780-7523 & (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 Vincenzo MI E Last Name Locicento
 E-mail Address [REDACTED]
 Mailing Address X [REDACTED]
 City X Freehold State N.J. Zip 07728
 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:28-8, I certify that 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 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		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____			Records Provided		
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		 Custodian Signature		11/19/18 Date		

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

Records Provided

[Signature] 12/5/18
Custodian Signature Date



124 Cedar Drive, Colts Neck NJ 07722

(732) 780-7323 & (732) 780-0228

cnpd@coltsneckpolice.com

Rae Behrens, Custodian of Police Records



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

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 ☒ 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 11/19/18

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 Extra Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Depoalt 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 #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

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 BANNAKA MI S Last Name HARDY
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City BRADLEY BOH State NJ Zip 07720
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 [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.

18C NO 9710
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

[Signature]
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

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Requestor Information – Please Print

First Name Louis Nexus 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 _____
Filed - Closed _____

AGENCY USE ONLY

Tracking Information

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

Records Provided

CK# 750917582
751206892
751359461
750738311
7507187812
Rae Behrens

Final Cost 25.00

11/19/18

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-780-7323

Fax: 7327800226

PUBLIC RECORDS

Important Notice

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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		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

Law Belcher 11/20/18
Custodian Signature Date



Colts Neck Township Police Department

124 Cedar Drive
Colts Neck, NJ 07722



170th Session

Frank Leccese
Acting Chief of Police

November 26, 2018

Adam C. Miller
[REDACTED]
Rocky Hill, NJ 08553
[REDACTED]

Dear Mr. Miller,

The Colts Neck Police Department received your Open Public Records Act (OPRA) request on November 26, 2018. The official Records Custodian, Mrs. Rae Behrens, received your OPRA request the same day. As such, the seven (7) business day deadline to respond to your request is December 5, 2018. This response to your request is being provided to you on the day it was received.

Your OPRA request sought access to the following:

"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 all present date of November 26, 2018. This request is not the same as prior OPRA request that I did submit to the Colts Neck Police Department records bureau via email on September 27, 2018, the response which was received in an email dated October 1, 2018 transmitted 1307 EST from rbehrens@coltsneckpolice.com to Hadrian118@protonmail.ch with two pdf documents attached. The first a response letter from 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"

Attached is the *only* police report bearing your name that is a Colts Neck Police record. This request will be sent through certified mail.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Colts Neck Police Department to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,
Mrs. Rae Behrens
Custodian of Records
Secretary to the Chief of Police
Colts Neck Township
(732) 780 7323
cnpd@coltsneckpolice.com



Administrative Offices: 732780-7323 Fax: 732780-0226
Department E-Mail: cnpd@coltsneckpolice.com
24hr. Dispatch: 732462-4343



**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 [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		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	
Records Provided		

[Signature] 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) 760-7323 & (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 [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

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 # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided

Custodian Signature

Date

12/4/18



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 ADAM MI C Last Name MILLER
 E-mail Address [REDACTED]
 Mailing Address [REDACTED]
 City ROCKY HILL State NJ Zip 08553
 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 Hadrian118@protonmail.ch 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. Extra Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

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

701726200000

02073102

sent certified mail

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

AGENCY USE ONLY

Tracking Information

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Rae Behrens
 Custodian Signature

Date

11/26/18



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 Louis Harris 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 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.

18C N09045

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 501.00
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) 780-7323 & (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 Freehold State NJ Zip 07728
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 [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.

I would like to request the MVR from Officer Richards
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
mailed 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
a hard copy for the file
of 15
Rae Behrens 11/27/18
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 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 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.

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 ☐

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost 15.04

Total
Deposit
Balance Due
Balance Paid

Records Provided

CK# 751889491
CK# 752541001
CK# 752050342

Rae Behrens

11/27/18

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 # <u> </u>	Total <u> </u>
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

Rae Behrens
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 Lori MI A Last Name Volino-Bizzarro
E-mail Address _____
Mailing Address _____
City Freehold State N.J. Zip 07728
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 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.

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

Records Provided

Rae Behrens 11/28/18



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 RICHARD MI _____ Last Name BONANNI
E-mail Address _____
Mailing Address _____
City COLTS NECK State NJ Zip 07722
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 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.

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

Final Cost

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

Records Provided

Theft report
mailed 11/29/18

Rae Behrens
Custodian Signature

11/28/18
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 Last Name Marks
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City T. Wrenfalls State NJ Zip 07722
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 [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.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 Final Cost
Rec'd Date 11/15/18 Total 15
Ready Date 11/30/18 Deposit _____
Total Pages 3 Balance Due _____
Balance Paid 15
Records Provided

[Signature] 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 Amir Ebra MI MI Last Name Ebra
E-mail Address _____
Mailing Address _____
City Jackson State NJ Zip 08527
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 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.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18CA10034 Total 115
Rec'd Date 11/15/18 Deposit _____
Ready Date 11/30/18 Balance Due _____
Total Pages 3 Balance Paid 115
Records Provided

[Signature]
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 SILWAKOWSKI
E-mail Address ms4
Mailing Address _____
City FREEHOLD State NJ Zip 07728
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 Andrew Silwowski 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.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18CNO029 Total _____
Rec'd Date 11/15/18 Deposit _____
Ready Date 11/30/18 Balance Due _____
Total Pages 3 Balance Paid 12
Records Provided

18CNO029
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 MI _____ Last Name Horbatyuk
E-mail Address _____
Mailing Address _____
City Howell State NJ Zip 07731
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 M. Urban 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.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18115999 Total 1.5
Rec'd Date 11/14/18 Deposit _____
Ready Date 11/30/18 Balance Due _____
Total Pages 3 Balance Paid 1.5
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 COLTS NECK State NJ Zip 07722
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 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 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.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated 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 # 18CN10156 Total 15
Rec'd Date 11/19/18 Deposit _____
Ready Date 11/30/18 Balance Due _____
Total Pages 3 Balance Paid 15
Records Provided

Rae Behrens 11/30/18
Custodian Signature Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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Requestor Information – Please Print

First Name Theodore MI W Last Name Gionnechini
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City Holmdel State NJ Zip 07733
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 [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.

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AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated 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		Final Cost
Tracking #	<u>18CN10187</u>	Total <u>.15</u>
Rec'd Date	<u>11/20/18</u>	Deposit <u> </u>
Ready Date	<u>11/30/18</u>	Balance Due <u> </u>
Total Pages	<u>3</u>	Balance Paid <u>.15</u>
Records Provided		

[Signature] 11/30/18
Custodian Signature Date



12/4/18
Date:



COLTS NECK TOWNSHIP POLICE DEPARTMENT

OPEN PUBLIC RECORDS ACT REQUEST FORM

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cnpd@coltsneckpolice.com

Rae Behrens, Custodian of Police Records



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Requestor Information - Please Print

First Name X Aishat MI _____ Last Name Adeniyi

E-mail Address _____

Mailing Address X [REDACTED]

City X Morganville State NJ Zip 07751

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 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.

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		Final Cost	
Tracking #	_____	Total	154
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Rae Behrens 12/4/18
Custodian Signature Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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Important Notice

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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 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 # 18CN10119

Picked 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

[Signature]
Custodian Signature

12/3/18
Date



COLTS NECK TOWNSHIP POLICE DEPARTMENT
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 cnpd@coltsneckpolice.com
 Rae Behrens, Custodian of Police Records



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Requestor Information – Please Print

First Name Lewis Nevis MI _____ Last Name _____
 E-mail Address _____
 Mailing Address PO Box 7000
 City Southwestern 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 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.

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 # _____ Total \$35.00
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages 75398661 Balance Paid _____
 CK# 754078161
 CK# 753144801
 CK# 752843791
 CK# 752954841
 CK# 753129661
 CK# 753204451
 Rae Behrens
 Custodian Signature _____ Date 12/5/18



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Requestor Information – Please Print

First Name Metropolitan Reporting Bureau Last Name _____
E-mail Address _____
Mailing Address Wm. Penn Annex PO Box 926
City Philadelphia 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 material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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18CN09766
18CN09839 (LOCILENTO)
18CN09839 (VRZAL)

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total 15.00
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CK# 111860368
CK# 111860370
CK# 111860369

Rae Behrens 12/4/18
Custodian Signature Date



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Rae Behrens, Custodian of Police Records



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Requestor Information – Please Print

First Name X Howard MI S Last Name Tetelbaum
E-mail Address _____
Mailing Address [REDACTED]
City Colts Neck State NJ Zip 07722
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 material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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1 8C N10432

AGENCY USE ONLY

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

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

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Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost
Total 204
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided

Rae Behrens 12/5/18
Custodian Signature Date



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Requestor Information – Please Print

First Name Mauricio MI A Last Name Bustillo
E-mail Address _____
Mailing Address [REDACTED]
City Long Branch 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 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.

18CNO9839

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided

Rae Behrens
Custodian Signature

12/5/18
Date