Township of Woodbridge

OPEN PUBLIC RECORDS ACT REQUEST FORM

One Main Street
Woodbridge, NJ 07095
732-634-4500
732-602-6053 (fax)
John.mitch@twp.woodbridge.nj.us
John M. Mitch, RMC, CMC, CMR, Municipal Clerk

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 MARIA MI C Last Name Vazquez Gesumaria

E-mail Address maria@bertoconstruction.com

Mailing Address 91 Harrow Dr

City Colonia State NJ Zip 07067

Telephone 732-396-0099 FAX 732-396-0061

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

cell-908-512-9480

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

Signature [signature] Date 10/5/17

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 am requesting a copy of an incident report from 9/16/17 at an apartment complex at 467-489 Jansen Avenue in Avenel. I own the property. There were several men trespassing inside the laundry room and in the parking lot. Tenants called police and removed the individuals. I am requesting a report in the event they return to the property. police told us with this report we could press charges if they trespass again

--TOWNSHIP USE ONLY--

Est. Records Fees ____
Est. Postage Fees ____
Est. Addt'l. Fees ____
Est. Total Fees ____
Deposit Amount ____
Estimated Balance ____

--TOWNSHIP USE ONLY--

Disposition Notes
If any part of this request can not be provided in 7 days, requestor must be notified (see reverse side).

Completed ____%
Partially Completed ____%
Denied ____%

____ ____
Division Representative Signature

____
Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 17-256
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided
1 ____
____
____
____
____

Finalized Cost $10
Total: ____
Deposit: ____
Balance Due ____
Balance Paid ____

[signature] 10/10/17
Custodian Signature Date

• TEREBETSKI *Investigations* •

Robert Terebetski, Sr.
NJ Lic # 9025

PO Box 298
Millstone, NJ 08535

732-259-5460 • LtVenom@yahoo.com

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M. Mitch, RMC, CMC, CMR, Municipal Clerk

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Requestor Information – Please Print

First Name ROBERT MI W Last Name TEREBETSKI

E-mail Address LT VENOM @ YAHOO.COM

Mailing Address 33 CROOKED STICK RD

City JACKSON State NJ. Zip 08527

Telephone 732-259-5460 FAX

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

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

Signature [signature] Date 10-5-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ANY + ALL CRIMINAL MISCHIEF + 23 DOCUMENTED INCIDENTS OF HARASSMENT. Cactive

REPORTED BY MICHAEL DAVID CERRONE
118 MCFARLAND RD
COLONIA, NJ.

DATE OF SEARCH WARRANT 11-08-2016 DET PLATT
STATED IN WARRANT 23. NO DATES.

--TOWNSHIP USE ONLY--

Est. Records Fees _____
Est. Postage Fees _____
Est. Addt'l. Fees _____
Est. Total Fees _____
Deposit Amount _____
Estimated Balance _____

--TOWNSHIP USE ONLY--

Disposition Notes
If any part of this request can not be provided in 7 days, requestor must be notified (see reverse side)

Completed _____ %
Partially Completed _____ %
Denied _____ %

_____ Division Representative Signature

_____ Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 17-257 Finalized Cost
Rec'd Date _____
Est. Ready Date _____
Total Pages _____ Total: _____

Documents Provided Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature Date

10/10/17

Woodbridge

STATE OF NEW JERSEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

101 South Broad Street Trenton New Jersey 08625
Phone: (866) 850-0511 Fax: (609) 633-6337
E-mail: grc@dca.state.nj.us
Website: www.nj.gov/grc

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 HERBERT MI I. Last Name ELLIS

E-mail Address LESEY@ELLISLAWCENTER.COM

Mailing Address 87 SOUTH STREET

City FREEHOLD State NJ Zip 07728

Telephone (732) 308-0200 FAX (732) 577-0100

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.

Request for accident reports for:

October 2 — October 6, 2017

Please Fax (732-577-0100) or E-mail (LESLEY@ELLISLAWCENTER.COM)
If in person Pick-Up is required, please call (732-308-0200) or email with price if available

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 17-258
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature _____ Date _____