Woodbridge Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (732) 602-7390 Fax: 7327262302

1 Main Street Woodbridge NJ 07095

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 [redacted] legal Plex

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

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

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

Signature Christina Mota Date 10/9/2017

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 [redacted] if possible (or) fax to [redacted].

Start Date 10/1/2017

End Date 10/7/2017

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 # 17-259

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost $0

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature Date

17-760

Edison Office
510 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: 732-933-3535
FAX: 732-933-3536

STEVEN P. HADDAD, P.C.

ATTORNEYS AT LAW

Fax

To Woodbridge Police Dep. From: Steven P. Haddad, Esq.

Attention: Records cc:

Fax [redacted] Pages:

Re: Date: 10/10/17

Urgent *For Review Please Comment Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

10/2/17 TO 10/08/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

[redacted]

THANK YOU.

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 [redacted]

Mailing Address 87 SOUTH STREET

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 _____ 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 9 – October 13, 2017

Please Fax [redacted] or [redacted]

If in person Pick-Up is required, please call [redacted] 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 # 17-263
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

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 Karan MI A Last Name Malhotra

E-mail Address [redacted]

Mailing Address 5 Boxwood Circle

City Edison State NJ Zip 08820

Telephone [redacted] FAX —

Preferred Delivery: Pick Up X 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 10/13/17

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.

Filing insurance claim for stolen property. Was told to get police report to do so.

#17095325

--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 # 17-262
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided

Finalized Cost 0

Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature & Date

17-267

Edison Office
510 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: 732-933-3535
FAX: 732-933-3536

STEVEN P. HADDAD, P.C.

ATTORNEYS AT LAW

Fax

To Woodbridge Police Dep. From: Steven P. Haddad, Esq.

Attention: Records cc:

Fax [redacted] Pages:

Re: Date: 10/16/17

Urgent *For Review Please Comment Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

10/9/17 TO 10/15/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

[redacted]

THANK YOU.

Woodbridge Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (732) 602-7390 Fax: 7327262302

1 Main Street Woodbridge NJ 07095

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

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

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

Signature *Christina Mota* Date 10/16/2017

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 [redacted] if possible (or) [redacted].

Start Date 10/8/2017

End Date 10/14/2017

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 # 17-265

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

____ Custodian Signature

____ Date

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 Thomas MI B Last Name Jones

E-mail Address [redacted]

Mailing Address 923 Stuyvesant Ave

City Union State NJ Zip 07083

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 10/16/17

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.

Police Report for Vandalism. I am Manager of Property on behalf of ShellPoint Mortgage Services

17102737

--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 # 17-766
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided

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

Custodian Signature Date

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 MARILYN MI _____ Last Name Quinones

E-mail Address _____

Mailing Address 40 Mania View Drive

City Sewaren State NJ Zip 07077

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 Marilyn Quinones Date 10/18/17

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'm picking up Rent for my daughter because she's working.

#~~70~~ 17103961

--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 # 17-269
Rec'd Date _____
Est. Ready Date _____
Total Pages _____

Documents Provided

Finalized Cost

Total: _____
Deposit: _____
Balance Due: _____
Balance Paid: _____

_____ Date
Custodian Signature

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 Insha MI Last Name Qureshi

E-mail Address [redacted]

Mailing Address 220 Atlantic Street

City Metuchen State NJ Zip 08840

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 10/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I'm requesting a recording of my 911 call on 9/26/2017 which was made around 3pm from my cell phone [redacted]. I would like a copy sent to my email [redacted] Please. Thank you so much.

17097402

--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 # 17-268
Rec'd Date ___
Est. Ready Date ___
Total Pages ___

Documents Provided

Finalized Cost $1.05
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Custodian Signature Date

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 [redacted]

Mailing Address 87 SOUTH STREET

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 _____ 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:

Oct 16 — Oct 20, 2017

Please Fax ([redacted]) or E-mail ([redacted])

If in person Pick-Up is required, please call ([redacted]) 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: 2017

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

WOODBRIDGE POLICE DEPARTMENT

17-271

REQUEST FOR PUBLIC RECORDS

(N.J.S.A. 47:1A-1, et. seq.)

A request for Public Records must be submitted on this form which has been adopted by the Custodian of Records. If your request is approved, it will take some time to compile the records and make the copies requested, but they will normally be available within seven business days pursuant to statute. If a document or copy which has been requested is not a public record pursuant to statute or if it can not be provided within seven business days, you will be provided with a response with that information within the seven business days. Fees for copying public records are established by statute as follows: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page. Pursuant to N.J.S.A. 47:1A-5c., this agency may impose a reasonable special service charge if the nature, format, manner of collation, or volume of a government record is such that it cannot be reproduced by ordinary document copying equipment in ordinary business size or involves an extraordinary expenditure of time and effort to accommodate your request.

The terms "public record" and "government record" in New Jersey do not include:

- Criminal investigatory records
- Victim's records
- Inter-agency or intra agency advisory, consultative, or deliberative material
- Emergency or security information or procedures for buildings or facilities
- Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- Information regarding labor-management negotiations including statements of strategy or negotiating position
- Pension and personnel records in possession of this department

Name: Lakeisha T Zinamon

Address: 726 West Sheridan Ave
Oklahoma City, OK 73102

Telephone: [redacted]

5-31-16

Information Requested:

I am seeking an incident/accident report involving Verizon's pole # 7417 in a MVA at the intersection of Oak Tree Rd & Dayton Dr.

The application hereby acknowledges receipt of a copy of this form with the date on which the requested information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this Sate, any other State or the United States and is not seeking government records containing personal information pertaining to a victim or a victim's family.

☐ Pre-payment of a deposit for this request is required in the amount of: _____

This completed form, when signed by a Woodbridge Police Department employee, shall constitute a receipt for the deposit made by the applicant.

Lakeisha Zinamon
Applicant

Date: 10/19/2017

Woodbridge Police Department

Date: 10/23/17

Township of Woodbridge

OPEN PUBLIC RECORDS ACT REQUEST FORM

ENGINEERING

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 John MI ____ Last Name Englese

E-mail Address [redacted]

Mailing Address 92 Park Avenue

City Rutherford State NJ Zip 07070

Telephone [redacted] FAX [redacted]

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 10-19-17

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.

My office is requesting Traffic Signal Timing Directives and Traffic Signal As-Built Plans for the intersection of Jordan Road and Inman Road (County Route 602) in Woodbridge Township. An OPRA request was sent to Middlesex County but they informed us the signal us under township jurisdiction.

not Eng. please forward to police :)

--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 100%
Partially Completed ____%
Denied ____%

Division Representative Signature

10/20/17
Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 8138
Rec'd Date 10-20-17
Est. Ready Date 10-30-17
Total Pages ____

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

Documents Provided

Custodian Signature Date

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

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Requestor Information – Please Print

First Name Arletha B MI ____ Last Name Blackwell

E-mail Address [redacted]

Mailing Address 224 Strawbridge Dr. Suite 300

City Moorestown State NJ Zip 08057

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 10/20/2017

10/23/17 @ 9:05am called evidence to 2 copies of video.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting a copy of the CCTV video from the accident that occured on October 4, 2017 Case Number: 1-7100276 – King George Rd + Liberty St.
Samantha Sclafani (driver)
Pedestrian Ismael Cruz
Allstate Claim 0477363469

--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 # 17-276
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Finalized Cost 4.75
Total: ____

Documents Provided

Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature Date

17-278

Edison Office
510 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: 732-650-3515
FAX: 732-503-3535

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

To Woodbridge Police Dep. From: Steven P. Haddad, Esq.

Attention: Records cc:

Fax [redacted] Pages:

Re: Date: 10/23/17

Urgent *For Review Please Comment Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

10/16/17 TO 10/22/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

[redacted]

THANK YOU.

Woodbridge Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (732) 602-7390 Fax: 7327262302

1 Main Street Woodbridge NJ 07095

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

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

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

Signature Christina Mota Date 10/23/2017

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 [redacted] if possible (or) [redacted].

Start Date 10/15/2017

End Date 10/21/2017

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 # 17-275

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

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 KRYSTAL MI A Last Name PIZZARELLI

E-mail Address [redacted]

Mailing Address 1378 FRANKLIN STREET

City RAHWAY State NJ Zip 07065

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 10/23/17

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.

INVOLVED IN AN OFF DUTY INCIDENT WHERE WOODBRIDGE P.D RESPONDED TO THE SCENE. POLICE REPORT REQUESTED TO DOCUMENT INCIDENT AT WORK (UNION COUNTY DEPT. OF CORRECTIONS)

17103722

--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 # 17-276
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided

Finalized Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Custodian Signature Date

Woodbridge Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (732) 602-7390 Fax: 7327262302

1 Main Street Woodbridge NJ 07095

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

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

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

Signature Christina Mota Date 10/30/2017

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 [redacted] if possible (or) [redacted].

Start Date 10/22/2017

End Date 10/28/2017

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 # 17-281

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total 4.00

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

17-282

Edison Office
810 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: 732-633-3535
FAX: 732-633-3535

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

To Woodbridge Police Dep. From: Steven P. Haddad, Esq.

Attention: Records cc:

Fax [redacted] Pages:

Re: Date: 10/30/17

Urgent *For Review Please Comment Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

10/23/17 TO 10/29/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

[redacted]

THANK YOU.

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