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 Stephen MI ____ Last Name Palla

E-mail Address [redacted]

Mailing Address PO Box 451

City Middlesex State NJ Zip 08846

Telephone [redacted] FAX ____

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

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

Signature Stph Pla Date 28 Nov 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 may apply additional depending upon delivery type.

Extras: Special service charge dependent upon request.

16/17 10:47AM

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.

[during back 10yrs] 17119221

Requesting all police reports concerning: Eva Palla. She has mental illness and alcohol/chemical addiction and refuses to check into a rehabilitation facility. I need the reports as proof of her behavior and hopefully a judge can order her to be checked in. Her last address is: 579 E. Woodbridge Ave, Avenel, NJ 07001. - Her [redacted] and I am her brother,

--TOWNSHIP USE ONLY--

Est. Records Fees ____
Est. Postage Fees ____
Est. Addl. 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 # 17-313
Rec'd Date ____
Est. Ready Date ____
Total Pages 8
Documents Provided 4 reports

Finalized Cost 40
Total: ____
Deposit ____
Balance Due ____
Balance Paid 40

Custodian Signature ____ Date ____

12/6/17

17-314

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 (732) 726-2302	Pages:
Re:	Date: 11/27/17

Urgent *For Review Please Comment Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

11/20/17 TO 11/26/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

magdi@sphlaw.com

THANK YOU.

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 Mitchell MI L Last Name Weiser

E-mail Address [redacted]

Mailing Address 51 Chestnut Lane

City Pennsville State NJ Zip 08070

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 Mitch Weiser Date 11/6/17

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 these records to press charges on the subjects on behalf of Abercrombie and Fitch (Hollister)

17111077

--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 # 17-77
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

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

Documents Provided

Custodian Signature Date

Township of Woodbridge

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Important Notice

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Requestor Information – Please Print

First Name Valerie MI A Last Name Camacho

E-mail Address [redacted]

Mailing Address 121 S 11th Ave

City Manville State NJ Zip 08835

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/8/17

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.

requesting report from 10/13/17 incident with my son and his father at The Home Depot I have a temporary restrained in place at this time from Dad and we have court. I need this report to present to the judge

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
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Completed ____%
Partially Completed ____%
Denied ____%

Division Representative Signature

Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # M-2[illegible]
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

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Requestor Information – Please Print

First Name FREDERICK MI L. Last Name DISPENSIERE

E-mail Address [redacted]

Mailing Address 101 LAKE AVE.

City FAIR HAVEN State NJ Zip 07704-3022

Telephone [redacted] FAX

Preferred Delivery: Pick Up X 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 Frederick Dispensiere Date 08 NOV 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 may apply 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.

DRUG-FREE SCHOOL ZONE MAP INDICATING 1000' PERIMETER FROM SCHOOL - ALSO INDICATING REAR OF BLDG. 12 - WOODBRIDGE VILLAGE. - TO DETERMINE IF REAR OF BLDG 12 IS WITHIN 1000' OF DRUG-FREE SCHOOL ZONE.

Engineering

--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

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Completed ____%
Partially Completed ____%
Denied ____%

Division Representative Signature

Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 17-45
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

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Requestor Information – Please Print

First Name Emira MI _____ Last Name KUKULjac

E-mail Address N/A.

Mailing Address 243 Campbell St.

City Wdbg State NJ Zip 07095

Telephon[redacted] FAX _____

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

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

Signature _____ Date 11/9/17

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.

My mother asked me to pick up this document for her. B

17112340

--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 # 17-317
Rec'd Date _____
Est. Ready Date _____
Total Pages _____

Finalized Cost 13

Total: _____

Documents Provided

Deposit _____

Balance Due _____

Balance Paid _____

_____
Custodian Signature Date

11/9/17

Township of Woodbridge

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Jesse MI F Last Name Winfield

E-mail Address [redacted]

Mailing Address 76 East William St.

City Fords State NJ Zip 07644

Telephone [redacted] FAX

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

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

Signature Jesse Winfield Date 11-6-2017

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 may be 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.

Incident Report # 17 111357 from 11-3-2017 @ around 1540 hours.

- request for report so I can sign complaints against the person reporting incident.
- also incident report to be submitted to the Lodi Police my employer.

--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 # 17-214
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided

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

Custodian Signature Date

11/9/17

Township of Woodbridge

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Kesha MI L Last Name Catts

E-mail Address [redacted]

Mailing Address 10 Wisteria DR Apt 3R

City Fords State NJ Zip 08863

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 Kesha Catts Date 11-13-17

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.

Women Aware and my Domestic violence Case worker at Dyfs would like to present the police reports to court. for harrasment. after I got a restraining order on Frank CAmpisi 11-2-17 he Called the Police every day for a week. With false accusations.

17111402

--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 # 17-361
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

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Requestor Information – Please Print

First Name MATTHEW MI B Last Name ORR

E-mail Address [redacted]

Mailing Address PO BOX 3095

City EASTON State PA Zip 18043-30958

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 NOVEMBER 3, 2017

Payment Information

Maximum Authorization Cost $ 250.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1) COPIES OF ANY TRAFFIC CITATIONS, PARKING TICKETS AND MOVING VIOLATIONS ISSUED BY THE POLICE DEPARTMENT IN 2015 ON OMAR AVENUE IN AVENEL, NJ (WHICH EXTENDS FROM RAHWAY AVENUE TO BLAIR ROAD)

2) COPIES OF ANY ACCIDENT/CRASH REPORTS FOR ACCIDENTS OCCURING IN 2015 ON OMAR AVENUE IN AVENEL, NJ (WHICH EXTENDS FORM RAHWAY AVENUE TO BLAIR ROAD)

3) COPIES OF ANY COMPLAINTS OR REPORTS OF TRAFFIC OBSTRUCTIONS OR PARKING ISSUES SUBMITTED TO WOODBRIDGE TOWNSHIP POLICE OR TOWNSHIP GOVERNMENT OFFICIALS ABOUT OMAR AVENUE (WHICH EXTENDS FROM RAHWAY AVE. TO BLAIR ROAD)

Call the Court. C1200A-15

1507623

--TOWNSHIP USE ONLY--

Est. Postage Cost ____
Est. Postage Fee ____
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 # 17-287 Finalized Cost $12.60
Rec'd Date ____
Est. Ready Date ____
Total Pages ____ Total: ____

Documents Provided

Deposit: ____
Balance Due: ____
Balance Paid: $12.60

Custodian Signature Date

Paid by check

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 David MI ____ Last Name Gamble

E-mail Address [redacted]

Mailing Address 57 South Main Street # 172

City Neptune State NJ Zip 07753

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/10/2017

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.

Please provide calls for police service (CAD logs) for 9 Runnymede Road, Colonia section of Woodbridge, NJ Block 470.03, Lot 5.02 for the time frame of November 1, 2014 to January 31, 2015.
Thank you

--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
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Completed ____%
Partially Completed ____%
Denied ____%

Division Representative Signature

Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 17-298
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Documents Provided

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

Custodian Signature Date

11-20-17

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 DERROW MI M Last Name APPLETON

E-mail Address [redacted]

Mailing Address 143 Strawberry Hill ave

City Woodbridge State NJ Zip 07095

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/21/17

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 this report for legal matter. I am tired of being misrepresented, lied against and my character being given a bad image. I need this report to file a full civil or criminal complaint and to press charges to the full extent of the law as it's applicable to this matter.

17116713

--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
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Completed ____%
Partially Completed ____%
Denied ____%

Division Representative Signature

Date Request Completed

--TOWNSHIP USE ONLY--

Tracking # 17-361
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
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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 David MI A. Last Name Rudd

E-mail Address [redacted]

Mailing Address 489 US 1 S

City Iselin State NJ Zip 08830

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11.27.17

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.

Obtaining report in order to file criminal complaint on behalf of the management of Joe Canal's

17116629 ✓

--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 cannot 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 # 17-309
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 11/4/2017

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 10/28/2017

End Date 11/3/2017

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 # _____

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 Clarence MI L Last Name Turner

E-mail Address [redacted]

Mailing Address 470 Robins St

City Roselle State NJ Zip 07203

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/27/2017

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.

11/27/2017: On this date, I am requesting a copy of an incident report for insurance purposes. It ~~is~~ should be noted, MS. Asia Gaskin is my fiancé and I am the owner of said ring.

#17116504 ✓

--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 # 17-310
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 Maxine MI Last Name King

E-mail Address [redacted]

Mailing Address 522 Alice Place

City Woodbridge State NJ Zip 07095

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 Maxine King Date 11-27-17

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.

Verification that Monica O'Briens car was towed, lic plate # 413-GPJ in 2016 or 2017. Her residence is 524 Alice Pl., Woodbridge.

--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 # 17-371
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 JAMES MI ____ Last Name RYAN

E-mail Address [redacted]

Mailing Address 250 MIDDLESEX TRNPK

City ISELIN State NJ Zip 08830

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 James Ryan JAMES RYAN Date 11-28-17

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 as 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.

USPS POSTMASTER FOR OUR RECORDS
OF OUR EMPLOYEE SHARON STEINBERG
WHO MAY HAVE BEEN THREATENED

--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 # 17-312
Rec'd Date ____
Est. Ready Date ____
Total Pages ____

Finalized Cost
Total: $ 20

Documents Provided

Deposit ____
Balance Due ____
Balance Paid ____
Custodian Signature

11/28/17