

2020-220



TOWNSHIP OF MANCHESTER **GOVERNMENT RECORDS REQUEST FORM**

1 Colonial Dr., Manchester, NJ 08759
(732) 657-8121, ext. 3200 Fax: (732) 657-2071
Sabina T. Skibo, R.M.C., Township Clerk
Custodian of Records



Important Notice

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

Requestor Information - Please Print

First Name Robert MI E Last Name Lane
Company _____
Mailing Address 1881 Rt. 37w. 10 + 283
City Toms River State NJ Zip 08757 Email Not back 1320@gmail.com
Business Hours Telephone: Area Code 732 Number 773-3881 Extension _____
Preferred Delivery: ☒ Pick Up ☒ US Mail ☐ On Site Inspect _____
Signature [Signature] Date _____

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash	Check	Money Order
Fees: 8.5 x 11 Inches	5 cents	
8.5 x 14 Inches	7 cents	
*and additional fees for other mediums		
Delivery: Delivery / postage fees additional depending upon delivery type.		
Extras: Extraordinary service fees dependent upon request.		

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello I am requesting any and all criminal complaints for Tyrese Mincey D.O.B. 03-09-1981 from 2003-present including:

- Assault
- Burglary
- criminal mischief
- harassment
- terroristic threats (domestic violence), and ~~where all~~ the fines satisfied for the charges 2.

If you have any questions please call me @ 732-773-³881 Thank you
[Signature]

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 _____