POLICE DEPARTMENT

TOWNSHIP OF MANALAPAN

EMAIL ADDRESS - records@manalapanpolice.org

Edward Niesz
Chief of Police

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Manalapan, NJ 07726
732- 446-4300
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PHONE #

INCLUDE COPY OF DRIVERS LICENSE

RECORDS REQUEST / UNDER COMMON LAW RIGHT

First Name:	**Last Name:**	
Mailing Address: Street Name/Apartment #:	**email address:**	
City:	**State:**	**ZIP:**

If you are the requesting records that contain personal information, please select one: Under penalty of the law/perjury and NJSA 2C:28-3, I certify that **I [ ] HAVE / [ ] HAVE NOT** been convicted of an indictable offense under the laws of New Jersey.

Signature:	**Printed:**	**Date:**

If you are a crime victim and you hereby certify under penalty of law/perjury and NJSA 2C:28-3 that you are requesting records herein relating to ***your*** victimization please check the box
[ ]YES indicating so and sign and date this record. **[ ]No** I am not the listed victim/complainant in this requested report.

Signature:	**Printed:**	**Date:**

If the information requested is a "public record" under common law and the requestor has a legal recognized interest in the subject matter contained therein the material, then the material can be disclosed if the individual's right of access outweighs the State's interest in preventing disclosure.

Case #_____MN_____ Date of Incident:_____

*This Report is in regards to the **(Check Box below that applies)** that you were involved in as a victim/complainant:*

SIGNATURE: X_____ Date:_____

Property Damage		**Public Accident**		**Assault**	
Theft of Property		**Identity Theft**		**Burglary/Robbery**	
Harassment		**Motor Vehicle Accident**		**Fraud**	
Verbal Dispute		**Domestic Disturbance**		**Suspicious Activity**	
Alarm		**Other:**	Please explain:		

Records Check Box that applies
Victim :_____
Complainant :_____

Information provided on this form may be subject to public disclosure

Your request will be answered within 7-10 business days of receipt,

* EQUAL OPPORTUNITY EMPLOYER *
www.manalapanpolice.org