

MONROE TOWNSHIP POLICE DEPARTMENT

125 VIRGINIA AVENUE
WILLIAMSTOWN, NJ 08094

856-728-9800 PHONE

856-728-2468 FAX

REQUEST FOR RECORDS UNDER COMMON LAW (FOR NJ CRASH REPORTS/NJTR-1 AND VICTIMS OF A CRIME ONLY)

CHARGES:

\$.05 CENTS A COPY FOR REGULAR SIZED COPIES.

\$.07 CENTS A COPY FOR LEGAL SIZED COPIES

\$5.00 FOR CRASH REPORTS NOT PICKED UP

\$4.00 PHOTOS ON A DISC

\$5.00 DVD ON A DISC

Office Use Only
MVC__Date_____
Incident_____

REQUESTER/VICTIM'S INFORMATION:

NAME: _____

PHONE #: _____ HOME / CELL

ADDRESS: _____

CASE #: _____

DATE OF REQUEST: _____

SIGNATURE: _____

HOW WOULD YOU LIKE TO RECEIVE THE RECORDS :

PICKUP: PERSON PICKING UP (IF NOT VICTIM) _____

ID CONFIRMATION OF PICKUP (SCANNED/COPIED)

FAX: FAX # _____

EMAIL : _____

AGENCY USE ONLY

CHECK ALL THAT APPLY:

- CONFIRMED REQUESTOR IS THE VICTIM THROUGH PROPER IDENTIFICATION
- COPY OF IDENTIFICATION IS SCANNED INTO INCIDENT
- PROPER REDACTIONS MADE: PHONE NUMBER (S) DATES OF BIRTH, SOCIAL SECURITY NUMBER(S), DRIVER'S LICENSE NUMBER(S), CREDIT CARD NUMBER(S) AND SUSPECT INFO.
(REDACTION DOES NOT APPLY TO NJTR-1'S)
- CONFIRMED NO OPEN INVESTIGATIVE SUPPLEMENTAL REPORTS RELEASED (IF APPLICABLE)
- CONFIRMED VICTIM IS NOT REQUESTING A CASE WITH AN INDICTABLE ARREST (IF APPLICABLE)

APPROVED DENIED _____

(REASON FOR DENIAL)

RECORD'S CLERK COMPLETING FORM: _____

SUPERVISOR APPROVAL: _____

RECEIPT # _____

AMOUNT \$ _____

DATE FILLED: _____

CASH/CHECK (CIRCLE ONE)