

**Spring Lake Police Department
Information / Record Request Form**

Requestor Information (Optional)*

Name: _____

Address: _____

Telephone Number: () _____

Facsimile Number: () _____

Signature: _____ Date of Request: _____

Incident/Accident Date: _____

Description of Record(s) Requested:

Date Received: _____

Date Records will be available: _____

Records Provided: _____

Fee**: _____

_____ Unable to provide requested material

_____ Request Denied

Reason:

The document *or* documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, as noted below.

Privileged or Protected Category

Authority

# Autopsy Reports	N.J.S.A. 47:1A-1.1. et seq.
# Child abuse <i>or</i> sex assault victim name or address	N.J.S.A. 2A:82-46B
# Court records sealed	Executive Order 69
# Computer security Information	N.J.S.A. 47:1A-1.1. et seq.
# Criminal Investigatory records	N.J.S.A. 47:1A-1.1. et seq.
# Credit Card Numbers	N.J.S.A. 47:1A-1.1. et seq.
# Grand jury testimony, information	Court Rule 3:6-7
# Grievance Information With public employer	N.J.S.A. 47:1A-1.1. et seq.
# Domestic Violence data	N.J.S.A. 2C:25-33