

Brielle Police Department

Information/Record Request Form

Requestor Information (Optional)

Name: _____

Address: _____

Telephone #: _____

Signature: _____ **Date of Request:** _____

Date of Accident/Incident: _____

Description of Record(s) Requested:

Date Request 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 or 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

Drivers' License numbers

N.J.S.A. 47:1A-1.1, et seq.