OPEN PUBLIC RECORDS ACT REQUEST FORM

**Important Notice**

The last page of this form contains important information relating to your rights concerning government records. Please read carefully.

**Requestor Information-Please Print Payment Information**

|  |
| --- |
| First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pick On-Site  Preferred Delivery: Up \_\_\_\_\_ US Mail \_\_\_\_\_ Inspect \_\_\_\_\_ FAX \_\_\_\_ E-Mail \_\_\_\_\_  **If you are requesting records containing personal information, please circle one:** Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Maximum Authorization Cost $  Select Payment Method  Cash Check Money Order  **Fees:** Actual costs to be determined by  the Agency.  **Delivery:** Delivery/postage fees additional  depending upon delivery type.  **Extras:** Special service charge  dependent upon request. |

**Record Request Information:** Please be as specific as possible in describing the records being requested. Also please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

**AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Est. Document Cost \_\_\_\_\_\_\_\_\_\_  Est. Delivery Cost \_\_\_\_\_\_\_\_\_\_  Est. Extras Cost \_\_\_\_\_\_\_\_\_\_  Total Est. Cost \_\_\_\_\_\_\_\_\_\_  Deposit Amount \_\_\_\_\_\_\_\_\_\_  Estimated Balance \_\_\_\_\_\_\_\_\_\_  Deposit Date \_\_\_\_\_\_\_\_\_\_ |  | **Disposition Notes**  Custodian: If any part of request cannot be delivered in seven business days, detail reason here.  In Progress Open \_\_\_\_\_  Denied Closed \_\_\_\_\_  Filled Closed \_\_\_\_\_  Partial Closed \_\_\_\_\_ |  | **Tracking Information Final Cost**  Tracking # \_\_\_\_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_\_  Rec’d Date \_\_\_\_\_\_\_\_\_\_\_\_ Deposit \_\_\_\_\_\_\_\_\_\_  Ready Date \_\_\_\_\_\_\_\_\_\_\_\_ Balance Due \_\_\_\_\_\_\_\_\_\_  Total Pages \_\_\_\_\_\_\_\_\_\_\_\_ Balance Paid \_\_\_\_\_\_\_\_\_\_  **Records Provided**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Custodian Signature Date** |