

PUBLIC RECORD REQUEST FORM

OF

(BOROUGH, TOWNSHIP, CITY, COUNTY)

(NAME OF MUNICIPALITY OR COUNTY)

IMPORTANT NOTICE

The reverse side of this form contains important information related to your rights to request government records. Please read it carefully.

REQUESTOR INFORMATION: (PLEASE PRINT)

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ E-Mail _____

Business Hours Telephone Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up US Mail On Site Inspect

Check 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 or any other state of the United States.

Signature _____ Date _____

Payment Information

Select Payment Method

Cash Check Money Order

Fees: Pages 1-10 \$0.75@

Pages 11-20 \$0.50@

Pages 21- \$0.25@

Police Accident Rpt. via Mail

Pages 1-3 \$5.00

Pages 4- \$1.00@

as per N.J.S.A. 39:4-131

Delivery: Delivery/postage fees additional depending upon delivery service.

INFORMATION REQUESTED:

Copy of Minutes (specify board or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number, or other identifying information)

Police Accident Report: (Identify Accident)

Fee: _____

Other Type of Report (specify) _____

License Information (specify) _____

Information on Specific Property Address _____ Blk # _____ Lot # _____

Municipal Lien Search

Fee: _____

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

List of Property Owners within 200 feet

Fee: _____

As provided in N.J.S.A. 40:55D-12, the fee is the greater of \$.25 per name or \$10.00

Describe from Above:

Information Requested will be ready on: _____ Estimated Cost: _____

Disposition: Date Filled _____ Date Mailed _____ Date Picked Up _____ Date Denied _____

Reason for Denial: _____

Custodian Name (Please Print)

Signature

Date

WHITE - ORIGINAL TO CUSTODIAN CANARY - OTHER AGENCY COPY PINK - POLICE GOLD - TO REQUESTOR FORM # PRS-602