

# 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 # PRR-8/02