OPEN PUBLIC RECORDS ACT REQUEST FORM

Requestor Information – Please Print

First Name ___________________________ MI _____ Last Name ___________________________
E-mail Address ___________________________
Mailing Address ___________________________
City ___________________________ State _____ Zip ___________________________
Telephone ___________________________
Preferred Delivery: Pick __________ US Mail __________ On-Site __________ 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 ___________________________

Payment Information

Maximum Authorization Cost $ __________
Select Payment Method
Cash _____ Check _____ Money Order _____

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

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

|--------------------|--------------------|-----------------|----------------|---------------|-------------------|-------------|

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AGENCY USE ONLY

<table>
<thead>
<tr>
<th>Tracking Information</th>
<th>Final Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking #</td>
<td>Total</td>
</tr>
<tr>
<td>Rec'd Date</td>
<td>Deposit</td>
</tr>
<tr>
<td>Ready Date</td>
<td>Balance Due</td>
</tr>
<tr>
<td>Total Pages</td>
<td>Balance Paid</td>
</tr>
</tbody>
</table>

Records Provided

Custodian Signature ___________________________ Date ___________________________