

**OPEN PUBLIC RECORDS ACT REQUEST FORM (OPRA)**

230 Hamilton Street Bound Brook, NJ 08805  
732-356-0833 Fax 732-356-8990

**Important Notice**

The back of this form contains important information related to your rights concerning government records. Please read it carefully.

**Requestor Information – Please Print**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Preferred Delivery: Pick Up \_\_\_\_\_ US Mail \_\_\_\_\_ On-Site Inspect \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**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**

Total Cost \$ \_\_\_\_\_

Select Payment Method

Cash/Check/Money Order

**Fees :**

Letter Size Pgs - \$.05  
Per page  
Legal Size Pgs - \$.07  
Other materials (CD, DVD, etc) Actual Cost of material  
Delivery/postage fees Additional depending Upon delivery type.  
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. Payment for records will be requested once all of the information is gathered.

**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 reasons 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	_____
<b>Records Provided</b>			
_____		_____	
Custodian Signature		Date	