

## COUNTY OF ATLANTIC REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY:						
MAILING ADDRESS:						
PHONE:	Street (PO Box, Suite #)		City	State		Zip
DOCUMENTS REQUESTED	) (Be as specific as	possible,	include dates where	e applicable.)		
	□ Pick up □ U Cost \$		□ On Site Inspectio	n 🗆 Email	□ Fax	
COSTS - Paper copies of reco wise provided, the fee for star Postage is extra. Where the ac cost of duplicating the record Electronic records and non-pu any needed supplies such as c	dard printed matter is ctual costs for duplicat For requests that mee rinted materials shall b	\$0.05 per le tion of a rec at the requir	etter size page or sma cord exceed the foreg rements of <u>N.J.S.A.</u> 47	aller, and \$0.07 p oing rates, the C :1A-5.c., a specia	er legal size pag ounty may charg I service fee may	e or larger. Je the actual y apply.
If you are requesting records containing personal information, please circle one: Under penalty of <u>N.J.S.A.</u> 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:		
SUBMIT THIS FORM TO:	5901 Main Street	t, Mays La	ce, Custodian of Rec anding, New Jersey Fax: 609-909	08330		
	RSE SIDE OF THIS I S TO REQUEST GO					
	CUSTODIAN RESPO	NSE INFC	ORMATION (For Cou	unty Use Only)		
DATE RECEIVED:		DATE	OF RESPONSE:		ID #	of
RECORDS AVAILABLE			NO. OF PAGES	AVA	AILABLE ON	
FEE \$ POSTAGE	\$ DEPO	SIT \$	AMOUNT DUE	\$ F	RECEIVED ON	
□ Access to a record or reco						Date
If access is denied, a list of	hose records with rea	asons acco	ompanies this respor	nse.		