



State of New Jersey
Council on Local Mandates
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requester Information – Please Print	Payment Information
First Name _____ MI _____ Last Name _____	I agree to pay for fees related to this request no greater than
Company _____	\$ _____
Mailing Address _____	Select Payment Method
City _____ State _____ Zip _____ Email _____	Cash _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____	Check _____
Fax Area Code _____ Number _____	Money Order _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____	Fees: Pages 1-10 @\$0.75
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, any other state, or the United States.	Pages 11-20 @\$0.50
Signature _____ Date _____	Pages 21 - @\$0.25
	Delivery: Delivery / postage fees additional depending upon delivery type.
	Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Request Access to: Inspect Or Receive a Copy

STATE USE ONLY

Estimated Record Cost _____ Special Cost _____ Total Cost Estimated _____	Comments: Denied _____ Approved _____ Estimated time for delivery _____	<table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">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> <tr> <td colspan="2" style="text-align: center;">Records Provided</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Custodian Signature</td> <td style="text-align: center;">Date</td> </tr> </tbody> </table>	Tracking Information	Final Cost	Tracking # _____	Total _____	Rec'd Date _____	Deposit _____	Ready Date _____	Balance Due _____	Total Pages _____	Balance Paid _____	Records Provided		_____	_____	Custodian Signature	Date
Tracking Information	Final Cost																	
Tracking # _____	Total _____																	
Rec'd Date _____	Deposit _____																	
Ready Date _____	Balance Due _____																	
Total Pages _____	Balance Paid _____																	
Records Provided																		
_____	_____																	
Custodian Signature	Date																	

Requesting Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)

1. In order to request access to government records under OPRA, you must complete all the required portions of this request form, sign and date it, and deliver it in person during regular business hours, or by mail or fax, to the Records Custodian at the address/fax number listed below. Your request is not considered filed until the Custodian has received a completed request form. If you submit the request form to any other State officer or employee, that person does not have the authority to accept your request form and you will be directed to the Custodian.
2. Only requests submitted on this form and delivered to the Records Custodian of the Council will be considered official requests under the Open Public Records Act. Deadlines, restrictions and remedies will not apply to requests unless received by the Custodian on this form.
3. The fees for duplication of a government record in printed form are listed on the front of this form. You will also be required to pay any special charges, special service charges or other additional charges authorized by State law or regulation. If estimated costs exceed the maximum amount you stated you were willing to pay, we will contact you for authorization before proceeding. Payment shall be made by cash, check or money order payable to the State of New Jersey.
4. If it is necessary for the records custodian to contact you concerning your request, identifying information, such as your name, address and telephone number or an e-mail address is required. Where contact is not necessary, anonymous requests are permitted; except that anonymous requests for personal information are not honored.
5. Anonymous requests, when permitted, require a deposit of 50% of estimated fees if the total cost is expected to exceed \$15. You agree to pay the balance due upon delivery of the records.
6. The Custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, who is seeking government records containing personal information that may pertain to the person's victim or the victim's family.
7. The Custodian must notify you that your request for access is granted or denied within seven business days after the Custodian receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the Custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the Custodian to extend the time for making records available, or for granting or denying your request.
8. You may be denied access to a government record if your request would substantially disrupt Council operations and the Custodian is unable to reach a reasonable solution with you.
9. If the Council is unable to comply with your request for access to a government record, the Custodian will indicate the reason(s) for denial on the request form and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the Custodian fails to respond to you within seven business days of receiving a request form, the failure to respond will be considered a denial of your request.
11. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law.
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

PLEASE SUBMIT COMPLETED FORM TO:

State of New Jersey
Council on Local Mandates
Records Custodian

By Mail:
PO Box 627
Trenton, NJ 08625-0627

In person requests (from 9 am to 4 pm) at Council Office:
135 West Hanover Street
Trenton, NJ

By fax:
Fax number -- 609-984-9737

For more information, contact the Records Custodian at 609 984-9738.