



State of New Jersey
County of Middlesex
GOVERNMENT RECORDS REQUEST FORM
 Failure to complete all required information will result in your form
 being deemed incomplete. It will be returned to the requestor.



Important Notice

The reverse side 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 _____
 Company _____
 Mailing Address _____
 City _____ State _____ Zip _____ Email _____
 Business Hours Telephone: Area Code _____ Number _____ Extension _____
 FAX: Area Code _____ Number _____
 Preferred Delivery: Pick Up _____ US Mail _____ Other _____ On Site Inspect _____
 Signature _____ Date _____
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: Pages 1-10 @\$0.75 ea.
 Pages 11-20 @\$0.50 ea.
 Pages 21- @\$0.25 ea.
 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.

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY																														
<table style="width: 100%; border-collapse: collapse;"> <tr><td>Est. Document Cost</td><td>_____</td></tr> <tr><td>Est. Delivery Cost</td><td>_____</td></tr> <tr><td>Est. Extras Cost</td><td>_____</td></tr> <tr><td>Total Est. Cost</td><td>_____</td></tr> <tr><td>Deposit Amount</td><td>_____</td></tr> <tr><td>Estimated Balance</td><td>_____</td></tr> <tr><td>Deposit Date</td><td>_____</td></tr> </table>	Est. Document Cost	_____	Est. Delivery Cost	_____	Est. Extras Cost	_____	Total Est. Cost	_____	Deposit Amount	_____	Estimated Balance	_____	Deposit Date	_____	<p>Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.</p> <p>In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <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> </table>	Tracking Information	Final Cost	Tracking # _____	Total _____	Rec'd Date _____	Deposit _____	Ready Date _____	Balance Due _____	Total Pages _____	Balance Paid _____	Records Provided		_____	_____	Custodian Signature	Date
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Requesting Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)

1. This form should only be used to submit record requests to the *County of Middlesex*.
2. In order to request access to government records under OPRA, you must complete all the required portions of and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a complete request form. If you submit the request form to any other officer or employee of the *County of Middlesex*, that officer or employee may not have the authority to accept your request form on behalf of the *County of Middlesex* and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.
3. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by check or money order payable to the *Treasurer, County of Middlesex*.
4. If it is necessary for the records custodian to contact you concerning your request, providing 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. ***You may be charged a 50% or other deposit when a request for copies exceeds \$10.*** The Department custodian will contact you and advise you of any deposit requirements. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the records.
6. Under OPRA, a 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, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family.
7. By law, the *County of Middlesex* must notify you that it grants or denies a request for access to government records within seven business days after the custodian of the record requested 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 granting or denying your request.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the *County of Middlesex* is unable to comply with your request for access to a government record, the custodian will advise you in writing as to the specific reasons for the denial.
10. Except as otherwise provided by law or by agreement with the requestor, if the custodian of the record requested 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 by the *County of Middlesex* 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, or by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council 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.