



State of New Jersey  
Township of Edgewater Park  
**GOVERNMENT RECORDS REQUEST FORM**



**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 \_\_\_\_\_  
 Preferred Delivery: Pick Up \_\_\_\_\_ US Mail \_\_\_\_\_ On Site Inspect \_\_\_\_\_  
*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  
 Pages 11-20 @\$0.50  
 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.

**AGENCY USE ONLY**

Est. Document Cost \_\_\_\_\_  
 Est. Delivery Cost \_\_\_\_\_  
 Est. Extras Cost \_\_\_\_\_  
 Total Est. Cost \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_  
 Estimated Balance \_\_\_\_\_  
 Deposit Date \_\_\_\_\_

**AGENCY USE ONLY**

**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 \_\_\_\_\_

**AGENCY USE ONLY**

Tracking Information		Final Cost
Tracking # _____	Total _____	_____
Rec'd Date _____	Deposit _____	_____
Ready Date _____	Balance Due _____	_____
Total Pages _____	Balance Paid _____	_____
Records Provided		
Custodian Signature _____		Date _____