

Christine Ciallella, RMC
 Township Clerk
 cciallella@twp.washington.nj.us
 856-589-0520 ext. 214

OPEN PUBLIC RECORDS ACT REQUEST FORM
523 EGG HARBOR ROAD
SEWELL, NJ 08080

Barbara Moore, Deputy Clerk
 BMoore@twp.washington.nj.us
 856-589-0520 ext. 213

WE DO NOT ACCEPT FAXES. Please EMAIL, MAIL, OR IN PERSON ONLY!

Important Notice

The last page 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 _____ E-mail _____
 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

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

Revised 8-2018 Itz

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. 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.

Specific Property Information: Address _____ Block _____ Lot _____
 _____ Review Public Records (Specify plans, maps, contracts, department) _____
 _____ Copy of Minutes (specify board, date, topic, or other identifying information) _____
 _____ Ordinance or Resolution (specify date, number, or other identifying information) _____
 _____ Municipal Lien Search/200 Foot List _____
 _____ Other _____

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 _____	Deposit _____	_____
Rec'd Date _____	Balance Due _____	Balance Paid _____	_____
Ready Date _____	_____	_____	_____
Total Pages _____	_____	_____	_____
Records Provided			
Custodian Signature _____		Date _____	