

**Form**

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REQUEST FOR ACCESS TO GOVERNMENT RECORDS

REQUESTER

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Brief description of government record sought \_\_\_\_\_

Signature of Requester \_\_\_\_\_ Dated \_\_\_\_\_

Record(s) provided  
to requestor \_\_\_\_\_

Reasons for denial \_\_\_\_\_

Fee charged \_\_\_\_\_

Deposit \_\_\_\_\_

Balance due \_\_\_\_\_

If your request has been denied in whole or in part, you have a right to appeal that decision. You may take your appeal to the Government Records Council or to the New Jersey Superior Court, as provided by N.J.S.A. 14:1A-1 et seq.

\_\_\_\_\_  
Signature of Custodian of Records \_\_\_\_\_ Date

I hereby acknowledge that I have received the documents requested, except for any documents listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I understand that I have the right to appeal to New Jersey Superior Court or to the Government Records Council in the Department of Community Affairs.

\_\_\_\_\_  
Signature of Requestor \_\_\_\_\_ Date