



**Township of Monroe**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

125 Virginia Avenue  
Williamstown, NJ 08094  
Phone: (856) 728-9800 Fax: (856) 728-9828  
Website: [www.monroetownshipnj.org](http://www.monroetownshipnj.org)



**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 \_\_\_\_\_  
 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 Page : \$0.05  
 Legal-Size Page : \$0.07  
 Email or Fax: No Fee

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

**Record Request Information:** Please be as specific as possible in describing the records being 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.

\_\_\_\_\_ **Copy of Minutes** (specify board or entity, date, topic or other identifying information)  
 \_\_\_\_\_ **Copy of Ordinance or Resolution** (specify date, number or other identifying information)  
 \_\_\_\_\_ **Other Type of Report** (specify) \_\_\_\_\_  
 \_\_\_\_\_ **License Information** (specify) \_\_\_\_\_

**Information on Specific Property** Address \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

**Describe from Above:**

**AGENCY USE ONLY**

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

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

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