



**State of New Jersey  
Borough of Longport  
GOVERNMENT RECORDS REQUEST FORM**

2305 Atlantic Avenue  
Longport, NJ 08403  
Phone: 609-823-2731



**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 _____

1. This form should only be used to submit records requests to the *Borough of Longport*.