TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5815 Office Fax - 609-386-6837
Mary E. Field, RMC/CMR, Municipal Clerk
Email: mfield@twp.burlington.nj.us

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 Pria MI ____ Last Name Dubaney

E-mail Address Priadubaney@gmail.com

Mailing Address 1700 Patriot Way Apt 424

City Union State N.J. Zip 07083

Telephone 973-234-7809 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 [signature] Date 12/01/23

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

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.

Requesting a copy of all open and closed permits for 122 E. broad St. Burlington, N.J.

Requesting a copy of failed inspections and code enforcement violations.

Requesting any blueprint drawings.

Pick-up from your location.

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

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____