

OFFICE OF THE SHERIFF

MICHAEL G. MASTRONARDY
SHERIFF

BRIAN KLIMAKOWSKI
UNDERSHERIFF



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FAX NUMBER
732-349-1909

OCEAN COUNTY JUSTICE COMPLEX • P.O. BOX 2191 • 120 HOOPER AVENUE • TOMS RIVER, N.J. 08754 - 2191

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

A REQUEST FOR ACCESS TO A GOVERNMENT RECORD SHALL BE IN WRITING AND HAND DELIVERED, MAILED, TRANSMITTED ELECTRONICALLY OR OTHERWISE CONVEYED TO THE APPROPRIATE CUSTODIAN.

REQUESTOR PLEASE COMPLETE INFORMATION BELOW.
See side two for important information.

Name: Test
(First Name) (MI) (Last Name)

Address: 123 Apple Lane
(Street, P.O.) (Town/City) (Zip Code)

Telephone Number: 732-288-7653 Work Home

E-Mail Address: Abullock@co.ocean.nj.us

Brief description of Government Records you are requesting:
Testing the OPRA request email on the OCSO Sheriff's Website

Circle One: Under the 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 of Requestor Test Date 03-01-2023
eSigned via SeamlessDocs.com
Key: ab72870d8096347d861c0b4061b0e72c

Response Media Type

Select one

- ☐ Copy on a CD (Windows 2000 or XP)
☒ Paperwork only

Nature of Data

- Date of incident: 03-01-2023
- Time of incident: 1300hrs
- Address of incident: 123 apple lane
- Type of Call: (911 etc.) 911
- Call made from Home # N/A Work # N/A` Cell # N/A

For County Use Only

Request Approved _____ Request Denied _____

If request is denied please state reason, in whole or in part,
below:

Approximate date records will be available: _____
Fee \$ _____

Paid by: Check _____ Cash: _____ Money Order: _____ Receipt #: _____

Record Custodian for Ocean County Sheriff _____ Date _____