



Borough of Roselle OPEN PUBLIC RECORDS ACT REQUEST FORM

www.boroughofroselle.com

(908) 259-3010 & (908) 259-9508 (Fax)

lsanchez@boroughofroselle.com

Lisette Sanchez, RMC



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 Charlie MI MI Last Name Kratovil

E-mail Address opra+request-71757-4e71622f@requests.opramachine.com

Mail Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-Mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ HAVE / ☒ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any Other state, or the United States;
2. I, or another person, ☐ WILL / ☒ WILL NOT use the requested government records for a commercial Purpose;
3. I ☐ AM / ☒ AM NOT seeking records in connection with a legal proceeding.

Signature Charlie Kratovil Date _____

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 cost of material

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.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Records requested:

Please provide a copy of the binding resolution adopting the municipality's "fourth round" affordable housing obligation numbers.

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

due 2/26/25
No Records Found

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☒ Closed 2/18/25
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # 021025-6 Final Cost \$0.00
Rec'd Date _____ Total \$0.00
Ready Date _____ Deposit \$0.00
Total Pages _____ Balance Due \$0.00
Balance Paid _____

Records Provided

Custodian Signature _____

Date _____