CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 2/2/2018

Tracking Number: _____

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: CONCERNED CITIZEN (1)

Address: _____

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: opra+request-1200-15da7f3f@requests.opramachine.com

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I 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 Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: _____

COPY OF SUPERINTENDENT'S CONTRACT AND ANY COMPENSATION RECEIVED THAT IS NOT LISTED IN THE CONTRACT

COPY OF CONTRACT BETWEEN TOWNSHIP AND THE COMPANY PROVIDING BUS SERVICES

COPY OF THE TEACHER'S UNION CONTRACT

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 reason 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 _____
Bal. Due _____
Bal. Paid _____

Records Provided:

_____ _____
Custodian Signature: **Date:**