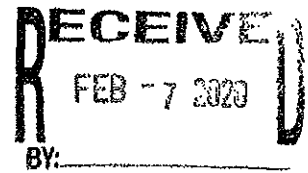




TOWNSHIP OF MENDHAM
OPEN PUBLIC RECORDS ACT REQUEST FORM
2 West Main Street, PO Box 520
Brookside, NJ 07926
EMAIL: mtclerk@mendhamtownship.org

DUE: 2.19.20



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 Jordan MI S Last Name Orlins
E-mail Address jordan.orldins@yahoo.com
Mailing Address 6 Westminster Road
City Mendham State NJ Zip 07945
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up [REDACTED] US Mail [REDACTED] On-Site [REDACTED] Fax [REDACTED] 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 2/7/2020

Payment Information

Maximum Authorization Cost \$ 50
Select Payment Method
Cash [REDACTED] 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.

Subject Property Address: Clarification from
Block and Lot of Subject Property: MTPD CFS Report for 2019
Date range of the records you are requesting: (see specifics below)

Select the type of record(s) you are requesting. If you do not see your selection, please note the record(s) below. Please be as specific as possible when describing the record(s). Questions regarding the subject property can be directed to the appropriate department.

☐ Property Record Card ☐ Septic As-Built ☐ Open/Closed Construction Permits (Building, Electric, Plumbing and Fire)

ADDITIONAL RECORD(S) - Please note below and be as specific as possible in describing the record(s) being requested.

Request data regarding the nature of the 185 "7008 Medical Assistance" incidents in 2019 per MTPD's CFS Report. I.E. How many were heart attacks, motor vehicle injuries, etc., whatever information is available to understand the nature of the incidents - NOT the "who" or other HIPAA restricted data.

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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 2020-053
Rec'd Date 2.7.20
Ready Date 2.12.20
Total Pages _____
Records Provided _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Custodian Signature [Signature] Date 2/12/20