State of New Jersey

OPEN PUBLIC RECORDS ACT REQUEST

GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully. In addition, please note that you may complete and submit requests electronically on the Internet at www.nj.gov/opra

Requester Information – Please Print

First Name Jaago MI ____ Last Name Viitkin

Company ____

Mailing Address 120 32nd Street, Apt. 3Q

City Union City State NJ Zip 07087 E-mail xxx@xxxxxxxxxxxxxxx.xxx

Business Hours Telephone: Area Code 786 Number 216-3431 Extension ____

Fax Area Code ____ Number ____

Preferred Delivery: ☐ PICK UP ☐ US MAIL ☐ ON SITE INSPECT ☒ E-MAIL

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ____ ***HAVE*** / X ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature J. Viitkin Date Jan. 15, 2019

Payment Information

I agree to pay for fees related to this request no greater than

$ ____

Select Payment Method

Cash ____

Check ____

Money Order ____

Fees: Letter size pages $0.05 each
Legal size pages $0.07 each
Other materials (CD,DVD, etc.) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

I would like to get a tax delinquent list. Please include all property addresses that are behind on:

2018 1st quarter property taxes
2018 2nd quarter property taxes
2018 3rd quarter property taxes
2018 4th quarter property taxes

Thank you.

STATE USE ONLY

Estimated Record Cost ____

Special Cost ____

Total Cost Estimated ____

Comments:

Denied ____

Approved-Records to be granted in seven business days ____

Approved – Records will take longer than seven business days ____

Tracking Information

ID # ____

Ready Date ____

Date Mailed or Picked Up ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Date Paid ____

Records Provided

Custodian Signature ____ Date ____