



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-73671-5dfbd749@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

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

Signature Charlie Kratovil Date 03/17/25

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 your most recent Annual Debt Statement filed with the State of New Jersey's Department of Community Affairs.

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

Done: 3/26/25

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 031725-3 Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature _____

Date _____

RECEIVED
2025 MAR 17 A 10:29
BOROUGH OF ROSSELLE
OFFICE OF THE BOROUGH CLERK