Egg Harbor Township Board of Education

OPEN PUBLIC RECORDS ACT REQUEST FORM

13 Swift Drive, Egg Harbor Township, NJ 08234
(609) 646-8441 & (609) 601-2904 (Fax)
smithd@eht.k12.nj.us
Daniel Smith

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 Paul MI _____ Last Name Dalnoky

E-mail Address opra+request-81021-24c3e96b@requests.opramachine.com

Mailing 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 _____ 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:Most recent renewal of the contract between S4T or ESS Northeast LLC and you for substitute staff.

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

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.

These records do not exist.

In Progress - Open _____
Denied - Closed 09/19/2025
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 09/18/2025
Ready Date _____
Total Pages 1

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date 09/19/2025