



Borough of Roselle
OPEN PUBLIC RECORDS ACT REQUEST FORM

www.boroughofroselle.com

(908) 259-3010 & (908) 259-9508 (Fax)

opras@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 Nathan MI _____ Last Name Stallone

E-mail Address _____

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

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 2/9/2024

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.

April - Feb 9th

Please See attach

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

DUE: 3/3/2024

In Progress - Open _____
Denied - Closed _____
Filled - Closed 01/18/24
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 020926-9
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided _____

Custodian Signature _____

Date _____

Fire Damage List

OPRA request 020926-9

Time Frame: 90 days (April 2025-Feb. 2026)

1. 1124 Rivington Ave.
2. 100 Amsterdam Ave
3. 333 White St.
4. 353 White St.
5. 357 White St.
6. 384 East 9th Ave
7. 386 East 9th Ave.
8. 388 East 9th Ave.