



Hillsborough Township
OPEN PUBLIC RECORDS ACT REQUEST FORM

Date Received: 3/2/2026

Tracking Number: _____
OPRA-Req-26-0247

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

Payment Information

Name: Nathan Stallone

Maximum Authorized Cost 0

Address: _____

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: XXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXX.XXXXXXXXXX.XXX

Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ 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

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

Extras: Special service charge dependent upon request.

Signature: _____ Date: _____

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.

☐ Includes Common Law Request Location: _____

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

Tax Delinquent

- A list of all property addresses that have an unpaid property tax bill for the last 12 months. Please also include in the list or separately a list of properties whose property tax bill was lien against the property.

Water Shut Off / Utility Liens

- A list of all property addresses that have had their water bill lien against the property, have failed to pay their water bill, or have had the water shut off at any point in the last 6 months.

Fire Damage List

- A list of all property addresses that the fire department has received an emergency call to in the last 90 days.

Code Violation

- A list of property addresses that have received any code violations in the last 6 months

Vacant List

- A list of all properties that the city deems to be currently vacant or abandoned.

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:

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Est. Document Cost:	_____	Disposition Notes: Custodian: If any part of request cannot be delivered in seven business days, detail reason here.	Tracking Information:	Final Cost:
Est. Delivery Cost:	_____		Tracking # _____	Total _____
Est. Extras Cost:	_____		Rec'd Date _____	Deposit _____
Total Est. Cost:	_____		Ready Date _____	Bal. Due _____
			Total Pages _____	Bal. Paid _____
Deposit Amount:	_____	In Progress - Open _____	Records Provided:	
Estimated Balance:	_____	Denied - Closed _____		
		Filled - Closed _____		
Deposit Date:	_____	Partial - Closed _____		

_____	_____
Custodian Signature:	Date: