OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Rong MI _____ Last Name Hon

E-mail Address rongh527@gmail.com

Mailing Address 190 Warwick Road, #63

City Stratford State NJ Zip 08084

Telephone 856-573-0913 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (I.e. name, property location, mailing address, and etc) and the total delinquent amount for the current quarter and/or previous quarters, if applicable in excel format via e-mail.

If for any reason ,you are unable to provide that list, please state the reason in detail.

Thanks in advance.

***Please refer to the Instructions on how to generate the report in excel in the Edmund System attached to the e-mail.

Please provide the list of delinquent homes in excel format for current quarter.

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.

2020-11-63

Due: Nov. 30

In Progress - Open _____

Denied - Closed _____

Filed - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

RECEIVED
MUNICIPAL CLERK'S OFFICE
NOV 17 2020
TOWNSHIP OF BLOOMFIELD

Custodian Signature **Date**