SOUTH JERSEY TRANSPORTATION AUTHORITY

OPEN PUBLIC RECORDS ACT (OPRA) REQUEST FORM

Farley Service Plaza, P.O. Box 351 Hammonton, N.J. 08037

(609) 965-6060 · 800-658-0606 · Fax (609) 965-7315 · Email: opra@sjta.com

www.sjta.com

Print 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 - All shaded fields must be complete prior to submission.

First Name	Kathy	MI	Last Name	Lyons	
Company Name	Construction Journal				
Email	k.lyons@constructionjournal.com				
Mailing Address	400 SW 7th Street				
City	Stuart	State	FL	Zipcode	34994
Telephone	800-785-5165 x442		Fax		800-581-7204

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspection ○ Fax ○ Email ●

If you are requesting records containing personal information, please check 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 Kathy Lyons Date 10/16/2017

Payment Information

Maximum Cost Authorized By Requestor:

$ _____

Select Payment Method:

Cash Check Money Order

(No Credit Card Payments)

Fees: Letter Sized Page @ $.05
Legal Sized Page @ $.07

Electronic Transfer - *FREE OF CHARGE (i.e. records sent via email and fax)*

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.

I would like a copy of the following award resolution from teh FEbruary 8, 2017 bid opening:

- Atlantic City International Airport Parking Attendant Structure

CJ # 1378984

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.

_____

In Progress - Open _____

Denied - Closed _____

Filled - 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

_____ _____

Custodian Signature Date