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	Cathy	MI	A	Last Name	Sullivan
Company Name	Kane-Davey Associates, Inc.				
Email	cathysullivan@kane-davey.com				
Mailing Address	2 Schooner Lane, Unit 12				
City	Milford	State	CT	Zipcode	06460
Telephone	203-255-1354			Fax	

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 _____ Date 10/19/201

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.

Please provide bid result for the Atlantic City Brigantine Connector (ACBC) Tunnel Repairs and Jet Fan Replacements that went in for bid on 10/19/2017

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**