



**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	Dianne	MI	J	Last Name	Hyneman
Company Name	Lemieux & Associates				
Email	dhyneman@lemieuxassociates.com				
Mailing Address	110 Washington Avenue, 2nd Floor				
City	North Haven	State	CT	Zipcode	06473
Telephone	866-292-4717		Fax	919-873-1842	
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	<i>Dianne J. Hyneman</i>		Date	11/16/2015	

Payment Information

Maximum Cost Authorized By Requestor:	\$ 100.00
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 am attempting to locate the light sequence of the traffic control signals on Berlin Cross Keys Blvd at its intersection with AC Express Way W Ramp in Sicklerville, NJ for date 10/12/2015 at 8:52 a.m. (or between 8:45 a.m. and 8:52 a.m. if possible). There was a motor vehicle accident on 10/12/2015 at 8:52 a.m. One vehicle was traveling north on Cross Keys Road and made a left turn onto AC Express Way West Bound after the signal for that direction of travel turned to a green left turn arrow. A second vehicle traveling south on Cross Keys Road alleges they had a steady green light for their direction of travel. We are trying to verify the light sequence at/immediately before the 8:52 a.m. time for 10/12/2015. Any media form that can be emailed is preferred but whatever form is available will work. Thank you for any assistance you can provide.

AGENCY USE ONLY

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Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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 _____

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	