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	Penny	MI	M	Last Name	Stubbs
Company Name	Richard E Pierson Construction Co Inc				
Email	pstubbs@repierson.com				
Mailing Address	426 Swedesboro Road				
City	Pilesgrove	State	NJ	Zipcode	08098
Telephone	856-769-8244			Fax	856-769-5630

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 Penny M Stubbs Date 9/19/17

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.

Bid Results from 9/19/17:
Bid for Atlantic City Expressway Bridge 4WB Over Folsom Road (Rt 73) Priority Repairs
Winslow Township

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**