Berkeley Township Sewerage Authority
Government Records Request Form
Tele: 732-269-3500
Fax : 732-269-4496

Requestor Information (Please Print)

First Name:_____ MI _____ Last Name:_____

Company: _____

Mailing Address: _____

City: _____ State:____ Zip: _____ EMAIL: _____

Business Hours Telephone: Area Code: _____ Number:_____ Ext: _____

Preferred Delivery: Pick-UP _____ US Mail: _____ On Site Inspection: _____

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: _____

By Signing this document I am agreeing to pay the cost associated with my request.
(see payment information)

Payment Information

Maximum Authorization Cost $_____

Select Payment Method:

Cash __ Check ____ Money Order _____

Fees: Letter Size pp @.05
Legal Size pp @.07
11 x 17 pp *@.07*
Other Materials (cd, DVD, etc.) pages larger than 11 x 17 actual cost of material or copying

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Please write your request in this box. Please be as SPECIFIC and CONCISE as possible.

Agency Use Only

Est. Doc. Cost _____

Est. Delivery Date_____

Est Extra Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Bal. _____

Deposit Date: _____

Agency Use Only

Disposition Notes:
Custodian: If any part of the request cannot be delivered in seven business days, detail reasons here.

In Progress: Open _____
Denied: Closed _____
Filed: Closed _____
Partial: Closed _____

Agency Use Only

Tracking Info

Tracking # _____

Rec'd Date_____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

_____
Custodian Signature Date _____