BOROUGH OF RED BANK

OPEN PUBLIC RECORDS ACT REQUEST FORM

90 Monmouth Street Red Bank, NJ 07701
PH: 732-530-2740 FAX: 732-530-2757
pborghi@redbanknj.org
Pamela Borghi, Municipal Clerk

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Greg MI WJ Last Name Trout

E-mail Address gtrout@chelepis.com

Mailing Address 8300 College Blvd., Suite 300

City Overland Park State KS Zip 66210

Telephone 913-203-4524 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please 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 _____

Payment Information

Maximum Authorization Cost $ —

Select Payment Method

Cash (Check) Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

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.

Histories of all water and sewer billing for the previous 12 months (incl. usages) for accounts 227000-0, 192000-1, and 192000-2. If possible, please advise of any costs prior to providing records. Should you need any further information to proceed, please feel free to contact me for clarification. Thanks!

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**