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 WILLIAM MI L Last Name KUZMIN

E-mail Address wkuzmin@cprlaw.com

Mailing Address 127 MAPLE AVE

City RED BANK State NJ Zip 07701

Telephone 732-747-9003 FAX 732-747-9004

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

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 $ 25.00

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.

POLICE REPORT, INVESTIGATIVE REPORT, WITNESS STATEMENTS AND/OR PHOTOGRAPHS OF AN ACCIDENT OCCURRING ON WEST FRONT ST. BETWEEN NECTOR PLACE & BRIDGE AVE. BETWEEN SEPTEMBER 1, 2016 AND FEBRUARY 25, 2017 WHICH CAUSED DAMAGE TO A COUNTY SIGN POLE LOCATED ON THE SIDEWALK OF THE EAST BOUND SIDE OF W. FRONT STREET (NORTH SIDE OF GALLERIA)

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 ____