



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 John B. MI _____ Last Name Anderson, III, Esq.

E-mail Address janderson@fsfm-law.com

Mailing Address 225 Broad St., P.O. Box 896

City Red Bank State NJ Zip 07701

Telephone 732-741-2525 FAX 732-741-2192

Preferred Delivery: Pick Up _____ 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 John B. Anderson III Date May 26, 2017

JOHN B. ANDERSON, III, ESQ.

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.

Re: 17 East Lake Road (Block 4, Lot 2.01) Little Silver/ Red Bank Block 119, Lot 40.01

Request is made for any and all ordinances and Resolutions regarding 17 East Lake Road, Red Bank, N.J. (partially in Little Silver) Little Silver Block 4. Lot 2.01/Red Bank Block 119, Lot 40.01.

Any and all correspondence, agreements and other documents concerning 17 East Lake Road, Red Bank, N.J.

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.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature _____

Date _____