



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 Michael MI W Last Name Conlin
 E-mail Address MConlin@RedbankNJ.org
 Mailing Address 55 Cherrytree Farm Road
 City MiddleTown State NJ Zip 07748
 Telephone 732 456 1077 FAX _____
 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 [Signature] Date 8/14/17

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.

The Complete list of Employees full AND PART TIME AND PER DIAM FOR THE DEPARTMENT OF PUBLIC UTILITIES, BORO OF RED BANK FOR THE YEARS 2010 TO 2017. The list to included their Title's AND Job's, AND in what division were/are they in.

RECEIVED & FILED

AUG 14 2017

BOROUGH CLERK'S OFFICE
RED BANK, NEW JERSEY

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	