OPEN PUBLIC RECORDS ACT REQUEST FORM
QUINTON TOWNSHIP

P.O. BOX 65, 885 QUINTON ROAD
Quinton, New Jersey
Phone: 856-935-2325 / Fax: 856-935-6817
***Email:* qtntwpclerk@comcast.net**
Marty R. Uzdanovics, Custodian of Records

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 ALEXANDRIA MI _____ Last Name ESTRELLA

E-mail Address ALEXANDRIA@SKYLINELIEN.COM

Mailing Address 8785 SW 165 AVE, STE 301

City MIAMI State FLORIDA Zip 33193

Telephone 305-553-4627 FAX 305-553-4626

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

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 *Alexandria Estrella* Date *10/27/2017*

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.

PLEASE PROVIDE COPIES OF ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

511 SALEM-QUINTON RD (BLOCK 3, LOT 6)

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**