CITY OF SOMERS POINT
OPEN PUBLIC RECORDS ACT REQUEST FORM

1 West New Jersey Avenue, Somers Point, N.J. 08244
Phone: 609-927-9088 x 144; Fax: 609-926-3016
smollenkopf@spgov.org
Lucy R. Samuelsen, RMC, City 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 Upiell MI ____ Last Name Hyde

E-mail Address ahyde@str.com

Mailing Address 735 E. Main St.

City Hendersonville State TN Zip 37075

Telephone (615-824-8644 Ext. 3158 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 Upiell Date 9.28.17

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.

Any information of self-storage facilities that have gone through planning, zoning, or construction with in the last 3 months. If applicable please include name of facility, address, developer name, construction company name, building permit number, and architect name.

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Received 10/18/17