

Oceanport Borough
OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-222-6301

Fax:

PUBLIC 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 Christina MI Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-9524 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Christina Mota Date 7/6/2018

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 6/23/2018

End Date 7/6/2018

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 7/11/18
Ready Date 7/12/18
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

*reports provided to
Requestor - emailed*

Custodian Signature

7/12/18
Date