



Township of Middle

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Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name William MI R. Last Name Scull
Company Ulbrich-Scull Investigations, LLC
Mailing Address Post Office Box #428
City Northfield State NJ Zip 08225 Email Bill@Ulbrich-Scull.com
Business Hours Telephone: Area Code 609 Number 385-6178 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email X
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 08/13/2019

Payment Information

Maximum Authorization Cost \$ 25
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: \$.05 per page for 8x11
\$.07 per page for 8 x14
Unless otherwise Specified on attached form
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

SEE ATTACHED

Requested Fulfillment Methods:

#1) Email

#2) Fax: 1-866-234-7766

#3) US Mail