

Township of Middle

33 MEADOWS
CAPE MAY COURT NJ 08210



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 Katelyn MI A Last Name MacDonald

Company _____

Mailing Address 52 Oyster Road

City CMCH State NJ Zip 08210 Email kwat327@gmail.com

Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension _____

Preferred Delivery: ^{email} Pick Up X US Mail _____ On Site Inspect _____

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 Katelyn MacDonald Date 8-15-19

Payment Information

Maximum Authorization Cost \$ 100

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: \$.05 per page for 8x11
\$.07 per page for 8x14
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.

Requesting Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)

Information Requested:

() Copy of Minutes (specify board or entity, date, topic or other identifying information)

() Copy of Ordinance or Resolution (specify date, number, or other identifying information)

() Police Accident Report

Fee: _____

Identify Accident: _____

() Other (specify) Files related to final building

- permit - construction

inspection and certificate of Occupancy for
38 Sand Castle Drive, CMCH, NJ 08210

() License Information (Specify) _____

Information on a Specific Property

Address 38 Sand Castle Drive CMCH

Block 95 07 Lot 11

() Municipal Lien Search

Fee: \$ 10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-1 1, et seq.

() List of Property Owners within 200'

Fee: _____

As provided in N.J.S.A. 40:55D- 1 2, the fee is the greater of \$.25 per name or \$1 0.00

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 _____	

1. This form should only be used to submit records requests to the *Township of Middle*
2. Complete and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any other officer or employee of the *Township of Middle*, that officer or employee may not have the authority to accept your request form on behalf of the *Township of Middle* and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.