BOROUGH OF ALPHA

OPEN PUBLIC RECORDS ACT REQUEST FORM

1001 East Boulevard
Alpha, NJ 08865
Tel: 908-454-0088 Fax: 908-454-4083
www.alphaboro.org
Office of the Municipal 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 Janeen MI M Last Name Dorman

E-mail Address janeendecisleads.com

Mailing Address 170 Kinnelon Rd

City Kinnelon State NJ Zip 07405

Telephone 973 492-0509 x331 FAX 973 492-8378

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 Janeen Dorman Date 6-13-18

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: .5 cents per photocopy (*Special Administrative fees may also apply)

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.

Bid Date: 6/12/18 RFP Alpha Sanitary Lift Station SCADA Controls Proj # 3 2018

Per our conversation, would you kindly forward the unofficial Bid Results, (bid tabulations as opened) for the above referenced project? Please include a complete list of bidders and their bid amounts. Thank You!

Janeen Dorman

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**