Borough of Roselle

OPEN PUBLIC RECORDS ACT REQUEST FORM

www.boroughofroselle.com
(908) 259-3010 & (908) 259-9508 (Fax)
lsanchez@boroughofroselle.com
Lisette Sanchez, RMC

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 Jennifer MI ____ Last Name Yap

E-mail Address opra+request-71478-5080d545@requests.opramachine.com

Mail Address ____

City ____ State ____ Zip ____

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-Mail ☒

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ *HAVE* / ☒ *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any Other state, or the United States;
2. I, or another person, ☐ *WILL* / ☒ *WILL NOT* use the requested government records for a commercial Purpose;
3. I ☐ *AM* / ☒ *AM NOT* seeking records in connection with a legal proceeding.

Signature ____ Date ____

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.

Note: ***If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.***

Records requested:OPRA/OPEN & CLOSE PERMITS for 19 Westbrook Ct, Roselle Boro, NJ 07203.Any and all permits within the past 30 years

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

due: 2/20/25

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information **Final Cost**

Tracking # 020725-1 Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____

Records Provided

Custodian Signature ____ Date ____