



CHERRY HILL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
Cherry Hill Township

Date Received: 11/5/2024
Tracking Number: _____
OPRA-Req-24-1911

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

Payment Information

Name: Jeffrey Gunn
Address: _____
City: _____ State: NJ Zip: _____
Telephone: _____ Fax: _____
Email: XXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXX.XXXXXXXXXX.XXX
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ Fax ☒ E-Mail

Maximum Authorized Cost 0
Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

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;
- I, or another person, ☐ WILL / ☐ WILL NOT use the requested government records for a commercial purpose;
- I ☐ AM / ☐ AM NOT seeking records in connection with a legal proceeding

Signature: _____ Date: _____

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.

☐ Includes Common Law Request Location: _____

Records requested: Requesting copy of 2023 Tax Leins

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 reason 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	_____	Bal. Due	_____
Total Pages	_____	Bal. Paid	_____
Records Provided:			

Custodian Signature:

Date: