

WEST MILFORD TOWNSHIP PUBLIC SCHOOL DISTRICT

REQUEST FOR PUBLIC RECORDS

(Pursuant to the Open Public Records Act)

Requested By: (Please Print)

Address: _____

Telephone (E-Mail, Fax Number): _____

Signature: _____ Date: _____

Clearly print a brief description of the record(s) requested below:
(Please Circle)

- 1. View or Copy _____
- 2. View or Copy _____
- 3. View or Copy _____
- 4. View or Copy _____

Copy Fees: Letter sized pages and smaller: \$0.05/page; Legal sized pages and larger: \$0.07/page; Audio tape; video tape, CD, or DVD – \$0.60 each; Electronic records (e-mail & fax): No Charge

This form must be completed and presented to the Custodian of Records between the hours of 9:00 a.m. and 4:00 p.m., Monday - Friday when offices are normally open. The Custodian of Records will determine the fees for requested materials. A deposit may be required upon acceptance of this request. A request for records will receive a response as soon as possible but not later than 7 business days after receiving the request.

A person making a request of public records who is denied such access, may institute a proceeding to challenge the custodian's decision by filing an action in Superior Court; or in lieu of filing an action in Superior Court, file a complaint with the Government Records Council (GRC) established pursuant to Section 8 of P.L. 2001, c.404 (C.47:1A-7). The GRC may be reached by fax at (609) 633-6337 or by mail at PO Box 819, Trenton, NJ 08625. The GRC Website is www.nj.gov/grc

To be completed by Custodian of Records

Date Request Received: _____ Time: _____ Received By: _____

A - Request Approved

D - Request Denied (If Request is denied, the reasons are stated below.)

- _____ 1. _____ # of Pages: _____ Copy Fees: \$ _____
- _____ 2. _____ # of Pages: _____ Copy Fees: \$ _____
- _____ 3. _____ # of Pages: _____ Copy Fees: \$ _____
- _____ 4. _____ # of Pages: _____ Copy Fees: \$ _____

Deposit: \$ _____ Total: \$ _____
Date Paid: _____ Check/Cash: _____

Signature and Title of Custodian: _____ Date: _____