

**TOWNSHIP OF PITTSBORO**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**  
 989 Centerton Road  
 Pittsboro, New Jersey 08318

**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 \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 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 \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Maximum Authorization Cost \$ \_\_\_\_\_

Select Payment Method  
 Cash    Check    Money Order

Fees: Letter size or smaller, per page \$0.05  
 Legal size or larger, per page \$0.07

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.

**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 _____
<b>Records Provided</b>	
_____	_____
Custodian Signature	Date