



# City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR

233 JOHN F. KENNEDY BLVD.

SEA ISLE CITY, NJ 08243

609-263-4461

## GOVERNMENT RECORDS REQUEST FORM

### Important Notice

The reverse side 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				
Company										
Mailing Address										
City				State		Zip			Email	
Business Hours Telephone:	Area Code			Number				Extension		
Preferred Delivery:	Pick Up		US Mail		On Site Inspect					
<b>Circle One:</b> Under penalty of N.J.S.A. 2C:28-3, I certify that I <b>HAVE / HAVE NOT</b> 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:	COST PER SHEET	
	.05¢ - STANDARD	
	.07¢ - LEGAL	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

**Record Request Information:** To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

AGENCY USE ONLY				CITY USE ONLY				AGENCY USE ONLY			
Est. Document Cost				<b>Disposition Notes</b> Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	<b>Tracking Information</b>		<b>Final Cost</b>				
Est. Delivery Cost					Tracking #		Total				
Est. Extras Cost					Rec'd Date		Deposit				
Total Est. Cost					Ready Date		Balance Due				
Deposit Amount					Total Pages		Balance Paid				
Estimated Balance					<b>Records Provided</b>						
Deposit Date				In Progress	-	Open					
				Denied	-	Closed					
				Filled	-	Closed					
				Partial	-	Closed					
				<b>Custodian Signature</b>				<b>Date</b>			