



State of New Jersey
BYRAM TOWNSHIP
 GOVERNMENT RECORDS REQUEST FORM



Important Notice

The reverse of this form contains important information related to your rights concerning government records. Please read 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: _____
 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: Cost per copy \$0.05 each
 11x17 \$0.07 each
 8 1/2 x 14 \$0.07 each
 CD Recording \$0.50 each
 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

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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

| Tracking Information | Final Cost |
|-------------------------|--------------------|
| Tracking # _____ | Total _____ |
| Rec'd Date _____ | Deposit _____ |
| Ready Date _____ | Balance Due _____ |
| Total Pages _____ | Balance Paid _____ |
| Records Provided | |
| _____ | _____ |
| Custodian Signature | Date |