



Borough of Califon  
 OPEN PUBLIC RECORDS ACT REQUEST FORM  
 39 Academy St, POB 368, Califon, NJ 07830  
 (908) 832-7850 & (908) 832-6085 (Fax)



[kmastro@califonboro.net](mailto:kmastro@califonboro.net)

Karen Mastro

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 \_\_\_\_\_

Under penalty of N.J.S.A. 2C:28-3, I certify that

- I **HAVE /O 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 /O 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 \_\_\_\_\_

Payment Information

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

Select Payment Method

Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

Fees: Letter size pages - \$0.05 per page  
 Legal size pages - \$0.07 per page  
 Other materials (CD, DVD, etc) — actual cost of material

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.

**Note:** If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

AGENCY USE ONLY

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Est. Document Cost \_\_\_\_\_  
 Est. Delivery Cost \_\_\_\_\_  
 Est. Extras Cost \_\_\_\_\_  
 Total Est. Cost \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_  
 Estimated Balance \_\_\_\_\_  
 Deposit Date \_\_\_\_\_

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 \_\_\_\_\_

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