



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
 Karen Mastro, RMC/Administrator



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;
- 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

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 _____	Deposit _____	Balance Due _____
Rec'd Date _____	Ready Date _____	Balance Paid _____	
Total Pages _____	Records Provided		
Custodian Signature _____		Date _____	