

## **CITY OF CAMDEN**

## Office of the Municipal Clerk MUNICIPAL RECORDS REQUEST FORM

City Hall, Suite 105 P.O. Box 95120 Camden, NJ 08101



Camden, NJ 08101 Telephone: (856) 757-7223; Fax (856) 757-7220

## **Important Notice**

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

| The reverse side of this form co  | - Inportant information  | Trelated to your rights con-                 |                      | is. Flease read it carefully.  |
|---|--|--|----------------------|--|
| Requestor Information – Ple   | ease Print   |  |                      | ayment Information   |
| First Name  | MI Last  | Name   |                      | n Authorization Cost \$  |
| C   |  |  |                      | Select Payment Method  |
| Mailing Address   |  |  | Cash_                | Check Money Order  |
|   | State Zip  |  |                      |  |
| Business Hours Telephone: Area (  |  |  | tension              | Pages 1-10 @\$0.75<br>Pages 11-20 @\$0.50  |
| Preferred Delivery: Pick Up   | US Mail O  | On Site Inspect                              | Deliven              | Pages 21 - @\$0.25   |
| Circle One: Under penalty of N.J.S.A indictable offense under the laws of N | A. 2C:28-3, I certify that I <i>HAVE</i><br>New Jersey, any other state, or th | / HAVE NOT been convicted the United States. | d of any             | <ul> <li>Delivery / postage fees<br/>additional depending upon<br/>delivery type.</li> </ul> |
| Signature   | ·.   | Date   | Extras               | Extraordinary service fees dependent upon request.   |
| Record Request Information: T include the type of access reques             |  |  |                      | requested. Also, please  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
|   |  |  |                      |  |
| AGENCY USE ONLY   | AGENCY USE   | E ONLY                                       | AGENCY USE           | ONLY   |
|   | Disposition I  | Notes  | Tracking Information | Final Cost   |
| Est. Document Cost  | Custodian: If any part of r  | usiness days,                                |                      | otal<br>Deposit  |
| Est. Delivery Cost  | detail reasons   | s here. Red to Ready                         |                      | Balance Due  |
| Est. Extras Cost  | -  | Total P                                      |                      | salance Paid   |
| Total Est. Cost   | - I  |  | Records Prov         | rided  |
| Deposit Amount  | -  |  |                      |  |
| Estimated Balance   | -  |  |                      |  |
| Deposit Date  | In Progress - Ope  | pen  |                      |  |
| Deposit Date  |  | osed   |                      |  |
|   |  | osed   |                      |  |
|   | Partial - Clo  | osed   | Custodian Signature  | Date   |

- 1. This form should only be used to submit records requests to the Name of Agency.
- 2. In order to request access to government records under OPRA, you must complete all the required portions of and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any other officer or employee of the *Name of Agency*, that officer or employee may not have the authority to accept your request form on behalf of the *Name of Agency* and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.
- 3. If you submit a request for access to government records to someone other than the appropriate custodian, do not complete the *Name of Agency* request form, or attempt to make a request for access by telephone or fax; the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request.
- 4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by check or money order payable to the *Name of Officer*, *Name of Agency*.
- 5. If it is necessary for the records custodian to contact you concerning your request, providing identifying information, such as your name, address and telephone number or an e-mail address is required. Where contact is not necessary, anonymous requests are permitted; except that anonymous requests for personal information are not honored.
- 6. You may be charged a 50% or other deposit when a request for copies exceeds \$25. The Agency custodian will contact you and advise you of any deposit requirements. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the records.
- 7. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family.
- 8. By law, the *Name of Agency* must notify you that it grants or denies a request for access to government records within seven business days after the custodian of the record requested receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the custodian to extend the time for making records available, or granting or denying your request.
- 9. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
- 10. If the *Name of Agency* is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
- 11. Except as otherwise provided by law or by agreement with the requester, if the custodian of the record requested fails to respond to you within seven business days of receiving a request form, the failure to respond will be considered a denial of your request.
- 12. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the *Name of Agency* to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at <a href="https://www.state.nj.us/grc">www.state.nj.us/grc</a>. The Council can also answer other questions about the law.
- 13. Information provided on this form may be subject to disclosure under the Open Public Records Act.