REQUEST FOR GOVERNMENT RECORDS

Tracking # __________

Please complete this form to facilitate a request for a government record. Use one form for each record requested. Upon completion, return the form to the address above by mail or deliver it in person.

Requestor’s name: ____________________________________________
Company: ____________________________________________________
Address: _____________________________________________________

Telephone Number: __________________________________________
Email address: _______________________________________________

Record Request Information

Government Record Requested (please provide an accurate description of the specific record sought):
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

New Jersey’s Public Liberal Arts College
Please indicate how you wish to review the requested record:

_____ Inspect the record only (no fee incurred).
_____ Receive a copy of the record (copy fee incurred).*

*Specify the particular copy format

Note: an additional charge may be levied if a requested format is not normally used by Ramapo College

Is this record request for personal information? YES_____ NO______

If yes, have you ever been convicted of an indictable offense? YES_____ NO______

If yes, list the names of the victims and their family:______________________________________________________
__________________________________________________________________________________________

You will be notified when the record is available. Fees associated with producing the requested copy of the record must be paid prior to the receipt of the record (subject to the exceptions formally noted).

By signing below you acknowledge that you have read and understand all of the above and CERTIFY that you have never been convicted of a crime.

Requestor’s Signature: ____________________________________________

Request Date: __________________________________________________

Record Access Available: _______day of____________________, 20_____

Access Delay due to:_________________________________________________

As the record requestor, I acknowledge, agree to, and accept the record access date as stated above:

signature___________________________________ Date ______________________

Deposit Payment Information

Payment Type:

_____ Cash

_____ Check

_____ Money Order

Estimated Cost: ________________________________________________

50% Deposit: __________________________________________________

Est. Balance Due: _____________________________________________
Custodian’s Response

_____ Request Filled
_____ Request Partially Denied
_____ Request Denied

Reason for Request Denial:

Documents Provided:

Final Cost:

Copy Fee
Number of Pages: __________
1st – 10th Pages: _______ x $0.75 per page
11th – 20th Pages: _______ x $0.50 per page
All pages over 20: _______ x $0.25 per page Charge: $___________

Special Service Charge

Charge: $___________

Total Charges: $________________

Paid Deposit: $________________

Balance Due: $________________

Balance Due in the amount of $___________

Payment Type: ___________________________

Received this ______ day of ____________, 20____.

Custodian’s Signature: ________________________________

I have been provided access to view and/or receive the public records as requested in compliance
with OPRA. Requestor’s

Signature_________________________ Date________________

Orig. 7/7/02