



CUSTODIAN OF PUBLIC RECORDS

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone (201) 684-7622 Fax (201) 684-7960

records@ramapo.edu

## 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):

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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: \_\_\_\_\_

1<sup>st</sup> – 10<sup>th</sup> Pages: \_\_\_\_\_ x \$0.75 per page

11<sup>th</sup> – 20<sup>th</sup> 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** \_\_\_\_\_