

OPEN PUBLIC RECORDS ACT

REQUEST FOR PUBLIC RECORDS

REQUESTER INFORMATION:

Name: _____

Address: _____

Telephone: _____

Email: _____

Record request information:

To expedite your request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying, inspection, or examination) and if data, the medium requested:

Fees

8-1/2" x 11" Page \$.05 each
8-1/2" x 14" Page \$.07 each

Payment Method

_____ Cash
_____ Check
_____ Money Order

Preferred Delivery: Pickup US Mail On-site Inspection Email

Delivery: Delivery/postage fees will be additional depending upon type of delivery

Extras: Extraordinary service fees dependent upon request

All fees must be paid prior to receiving the requested documents.

Custodian of Record:

_____ Request Granted _____ Request Denied

Reason for denial: _____

Mrs. Samantha Dembowski
Custodian of Records
North Arlington Board of Education
222 Ridge Road
No. Arlington, NJ 07031

(Signature of Custodian of Record)

Date

(Signature of Requester)

Date