City of East Orange

OPEN PUBLIC RECORDS ACT REQUEST FORM

44 City Hall Plaza, East Orange, NJ 07017, USA
(973) 266-5110 & (862) 930-7812 (Fax)
opra.request@eastorange-nj.gov
Shalonda B. Owens

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 ___ Inspect ___ On-Site Fax ___ E-mail _____

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ **HAVE /** ☐ **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ **WILL /** ☐ **WILL NOT** use the requested government records for a commercial purpose;
3. I ☐ **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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ **Custodian Signature**

_____ **Date**