



**Plainsboro Township
GOVERNMENT RECORDS REQUEST FORM**

641 Plainsboro Road
Plainsboro, NJ 08536
Phone: (609) 799-0909
Fax: (609) 799-9204
Website: www.plainsboronj.com

Important Notice

The reverse side 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 _____
 Company _____
 Mailing Address _____
 City _____ State _____ Zip _____ Email _____
 Business Hours Telephone: Area Code _____ Number _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspection _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature _____ Date _____

Payment Information

Select Payment Method:
 Cash Check Money Order

Fees: Standard size \$0.05 per
 Legal size \$0.08 per

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

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

Police Accident Report [Identify Accident] _____

Copy of Minutes [Specify board or entity, date, topic or other identifying information] _____

Copy of Ordinance or Resolution [Specify date, topic or other identifying information: _____

Contracts or Bid Information [Specify name and project] _____

Information of a Specific Property
 Permit Type: _____
 Other: _____
 Address: _____ Block _____ Lot _____

Information on a Development Application
 Address _____ Block _____ Lot _____
 Type of Application: _____ Name of Applicant: _____

List of Property Owners within 200'
 Address: _____ Block _____ Lot _____

Other: _____

This completed form, when signed by the Municipal Official, shall constitute a receipt for the records request and any deposit received.

---FOR MUNICIPAL USE ONLY---

Received Date:	Ready Date:
Estimated # of Pages:	Deposit*:
Extra Cost:	Estimated Cost:

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons on Records Form Response.

In Progress - Open _____
 Denied - Closed _____
 Filed - Closed _____
 Partial - Closed _____

*Required when the anticipated cost of reproduction will exceed \$5.00

 Signature of Municipal Official

RECORDS REQUEST RESPONSE

A request for access to or for a copy of government records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during regular business hours; some records will require time to compile and to make the copies requested but will normally be available during regular business hours and within seven business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven business days, you will be provided with a response with that information within the seven business days. The seven business time frame begins the day after the request has been received by the Custodian of Records.

Some record requests have specific fees or other response times established by statute and that information will be included in any response to the request. There is no fee involved in simply inspecting a document during regular business hours.

- Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven business days indicating the amount of time which will be required to provide the requested records.
- Except as otherwise provided by law or regulation, the fee for duplication of a government record in printed form shall be as indicated on the Records Request Form. We will notify you of any extraordinary service fees or other additional charges authorized by state law or regulations before fulfilling your request. If a document is requested to be mailed, a delivery/postage fee will be charged.
- If the nature, format, manner of collation or volume of printing a record to be copied is such that the record cannot be reproduced by ordinary document copying equipment or involves an extraordinary expenditure of time and effort to accommodate the request, the Township of Plainsboro may charge, in addition to the actual cost of duplicating the record, a special service charge which will be reasonable and based upon the actual direct cost of providing the copy. The Requestor will be notified in advance of the special service charge and may object to the charge prior to it being incurred.
- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Township Attorney.

The term "public record" generally includes those records determined to be public in accordance with N.J.S.A. 47:1A-1. The terms "public record" and "government record" do not include: employee personnel or pension files, police investigation records, victim's records, public assistance files or matters in which there is a right of privacy or confidentiality, inter-agency or intra agency advisory, consultative, or deliberative material, emergency, security or procedures for building or facilities, information that would jeopardize computer security or other material which is specifically exempted by law.

To: _____

Document (s) provided: _____ pages at total cost of \$ _____ Document (s) not provided (see below)

The document (s) listed below and requested by you are not being provided because the documents are not public records as provided by law, as noted below:

Privileged or Protected Categories:

- | | | |
|---|--|---|
| <input type="checkbox"/> Autopsy Reports | <input type="checkbox"/> Juvenile Records | <input type="checkbox"/> Child Abuse or sex assault victim name or address |
| <input type="checkbox"/> Labor Negotiation information, strategy or positions | <input type="checkbox"/> Court records sealed | <input type="checkbox"/> Medical Examiner Photographs |
| <input type="checkbox"/> Employee sexual harassment complaints | <input type="checkbox"/> Otherwise inappropriate material | <input type="checkbox"/> Criminal Investigatory records |
| <input type="checkbox"/> Pensions and personnel records | <input type="checkbox"/> Credit Card Numbers | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Grand Jury testimony, information | <input type="checkbox"/> Pre-sentence Investigations | <input type="checkbox"/> DYFS information |
| <input type="checkbox"/> Grievance information with public employer | <input type="checkbox"/> Safety of persons or public | <input type="checkbox"/> Domestic Violence data |
| <input type="checkbox"/> Public Agency insurance communications | <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Victim Records |
| <input type="checkbox"/> Victim locations (Domestic Violence) | <input type="checkbox"/> Unlisted Telephone Numbers | <input type="checkbox"/> Drivers' license number |
| <input type="checkbox"/> Security measures and surveillance techniques | <input type="checkbox"/> Electronic Surveillance Materials | <input type="checkbox"/> Fingerprint cards |
| <input type="checkbox"/> Emergency or security information or procedures | <input type="checkbox"/> Computer security information | <input type="checkbox"/> Inter-Agency or intra agency advisory communications |

Record has been destroyed pursuant to: Records Retention and Disposition Schedule (NJ Dept. of State, Div. of Archives Mgmt.)

Other _____

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Government Records Council or the New Jersey Superior Court as provided by N.J.S.A. 47:1A-6 and -7.

Municipal Signature

Date

ACKNOWLEDGMENT:

I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on this form as to the procedures for any appeal of the determination.

Requestor's Signature

Date