

TOWNSHIP OF KINGWOOD

Municipal Building
P.O. Box 199
Corner of Route 519 and Oak Grove Road
Baptistown, NJ 08803

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

For Municipal Use Only

Date Received:

Date of Response:

SEE INSTRUCTIONS ON THE OTHER SIDE

Name:

Address:

Telephone:

Day

Night

Cele

Information Requested:

Copy of Minutes

[specify board or entity, date, topic or other identifying information]

Copy of Ordinances or Resolution [specify date, number, or other identifying information]

License Information (Specify)

Information on a Specific Property:

Address

Block

Lot

Other

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 normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

- Immediate access is ordinarily available for/to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.
- 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 [7] business days indicating the time which will be required to provide the records.
- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, \$0.75 per page; eleventh page to twentieth page, \$0.50 per page; all pages over twenty, \$0.25 per page; for a police accident report there is an additional fee when the request is not made in person of \$5.00 for the first 3 pages and \$1.00 for each additional page, as provided by *N.J.S.A. 39:4-13.1*.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
- 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 Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A. 47:1A-1*. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter- agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not ever had any restraining orders signed against them, has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by *N.J.S.A. 47:1A-1 et seq.*

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit _____
 [required where the anticipated cost of reproduction exceeds \$ 5.00]

Applicant - (Print Name and Sign) _____ Municipal Official _____
 Date: _____ Date: _____

For Municipal Custodian's Use Only

Referral Date: _____ Notification to Applicant: _____

Actual Fee: \$ _____ Date Fee Received: _____

Number of Copies: _____ (including duplication for redacted copies)