

BOROUGH OF SURF CITY RECORDS REQUEST FORM

813 Long Beach Boulevard, 08008 Telephone (609)494-3064

Christine Hannemann, RMC/CMR/QPA – Records Custodian

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

First Name _____ MI _____ Last Name _____

Email Address _____ Phone _____ Fax _____

Mailing Address _____

City _____ State _____ Zip _____ Preferred Delivery: _____ Pick Up _____ US Mail _____ Inspect _____ Email _____

Select Payment Method: Cash Check Money Order Maximum Authorized Cost \$ _____

Fees: Letter size pages \$.05 Legal size pages \$.07 Postage is Additional

PLEASE NOTE THAT THE PREFERRED DELIVERY MAY ONLY BE ACCOMMODATED IF THE CUSTODIAN HAS THE TECHNOLOGICAL MEANS AND THE INTEGRITY OF THE RECORD WILL NOT BE JEOPORDIZED BY THE METHOD OF DELIVERY SELECTED.

*I understand for large requests a service charge will be implemented. I understand I will be advised prior to the execution of this request. If you are requesting records containing personal information, **please 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 _____

PLEASE BE SPECIFIC IN DESCRIBING THE RECORDS BEING REQUESTED.

REQUEST RESPONSE - FOR OFFICIAL USE ONLY

Date request complete _____

Dear Requestor,

The above request has been filled and is ready for the selected method of delivery _____.

The charge for this request is _____. If you need further assistance, please contact the Borough Clerk at (609)494-3064.

Best regards,

Name of Official Completing Request

Fee(s) _____ Paid: Cash _____ Check _____