



Clayton Police Department
Common Law Information Request Form
125 N. Delsea Drive, Clayton, New Jersey 08312
Telephone: (856) 881-2301
Fax: (856) 881-5859

Requester Information: Please Print

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Mailing Address: _____ City: _____
State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Preferred Delivery: Pick Up: _____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A.
2C:2B-3, I certify that I HAVE / I HAVE NOT been convicted of any indictable offense under the laws of
New Jersey, any other state, or the United States.

Signature: _____ Date: _____

**Select Payment
Method:**

Cash

Actual Cost of Paper
Copies not to exceed:

Fee: @0.05 Each Page

Delivery:

Delivery/Postage fees
additional depending
on 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.

Agency Use Only		Agency Use Only		Agency Use Only	
st. Document Cost	_____	Disposition Notes		Tracking Information: Final Cost	
st. Delivery Cost	_____	Custodian if any part of request cannot be		Tracking # _____	Total _____
st. Extra Cost	_____	delivered, detail reasons why:		Rec'd Date _____	Deposit _____
total Est. Cost	_____	In Progress: -	Open: _____	Ready Dates _____	Balance Due _____
deposit Amount	_____	Denied: -	Closed: _____	Total Pgs _____	Balance Paid _____
estimated Balances	_____	Filed: -	Closed: _____		
		Partial -	Closed: _____		
				Signature _____	Date _____