



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 _____	Maximum Authorization Cost \$ _____
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City _____ State _____ Zip _____	Actual Cost of Paper Copies not to exceed: _____
Telephone _____ Fax _____	Fees      Each Page      @ \$0.05
Preferred Delivery:      Pick Up _____	Delivery: Delivery/ Postage fees additional depending delivery type.
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>I HAVE I HAVE NOT</i> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.	
Signature _____ Date _____	Extras: Special service charge dependent upon request.

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Est. Document Cost _____	Disposition Notes Custodian if any part of request cannot be delivered in seven business days, detail reasons here	Tracking Information      Final Cost
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Deposit Amount _____		Total Pages _____ Balance Paid _____
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Deposit Date _____		Custodian Signature _____ Date _____