

## BOROUGH OF MOUNTAIN LAKES OPEN PUBLIC RECORDS ACT REQUEST FORM 400 Boulevard, Mountain Lakes, NJ, 07046

973-334-3131 x2009 Fax: 973-402-3466 clerk@mtnlakes.org



**Payment Information** 

## **Important Notice**

The last page 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 N	Name				Authorization Cost \$ elect Payment Method
E-mail Address							Cash	Check Money Order
Mailing Address		State	Zip				Fees:	Letter size page - \$.05/page Legal size page - \$.07/page
-			·					Other materials-actual cost
Telephone Preferred Delivery:	Pick Up	US Mail	FAX On-Site Inspect	Fax	E-mail		Delivery:	Delivery / postage fees additional depending upon delivery type.
If you are requesting 2C:28-3, I certify that Jersey, any other stat	Ĭ HAVE / H	AVE NOT been				<u>S.A.</u>	Extras:	Special service charge dependent upon request.
Signature				Date				

**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			
	Disposition Notes	Tracking Information	Final Cost		
Est. Document Cost	Custodian: If any part of request cannot be delivered in seven business days,	Tracking #	Total		
Est. Delivery Cost	detail reasons here.	Rec'd Date	Deposit		
		Ready Date	Balance Due		
Est. Extras Cost		Total Pages	Balance Paid		
Total Est. Cost		Records	s Provided		
Deposit Amount					
Estimated Balance					
Deposit Date	In Progress - Open				
	Denied - Closed				
	Filled - Closed				
	Partial - Closed	Custodian Signature	Date		