



BOROUGH OF MOUNTAINSIDE

Martha Lopez, Municipal Clerk

Custodian of Records

MUNICIPAL BUILDING

1385 ROUTE 22

MOUNTAINSIDE, NJ 07092

TEL 908-232-2400

FAX 908-232-6831

REQUEST FOR GOVERNMENT RECORDS

(N.J.S.A. 47:1A – 1, et seq.)

Date Received: _____ Date of Response: _____

Name: _____

Address: _____
(City) (State) (Zip)

Telephone: _____
(Days) (Eves) (Cell)

E-Mail: _____

Information Requested:

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

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

Other [specify]

License Information [specify]

Information on a Specific Property:

Address: _____

Block & Lot: _____

Requesting: _____

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. There is no fee involved in simply inspecting a document during normal business hours. This form is available on the Borough website at www.mountainside-nj.com.

- • Immediate access is ordinarily available for 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. 39:4-131*.
- • 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 interagency 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 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 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 Date

 Municipal Official Date