SOMERSET COUNTY PARK COMMISSION  
RECORDS REQUEST FORM  

Important Notice  
The reverse side of this form contains important information related to your rights concerning government records.  

Requestor Information – Please Print  
First Name:__________  MI:__  Last Name:_________________  
Company:________________________________________________  
Mailing Address:__________________________________________  
City:_____________________    State:______   Zip Code:_________  
E-mail Address:___________________________________________  
Business Hours Telephone Number: __________________________  
Preferred Delivery: __ Pick-up   __ US Mail   __ On-Site Inspection  
Check 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, or any other state, or the  
United States.  
Signature: _____________________________  Dated: ___________  

Payment Information  
I agree to pay for fees related to this request in an  
amount no greater than: $__________  
Select Payment Method  
Cash:____        Check: ____        Money Order: ____  
Fees  
Per page: $0.02 per page  
Delivery: Delivery/postage fees additional depending upon delivery type.  
Extras: Extraordinary service fees dependent upon request.  
Prepayment of fees required unless otherwise agreed.  

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.  
Request Access to: ___ Inspect   or   ___ Receive a copy of the following records:  

PARK COMMISSION USE ONLY  
Estimated Document Cost: $ __________  
Estimated Delivery Cost: $ __________  
Estimated Extra Cost: $ __________  
Total Estimated Cost: $ ___________  
Deposit Date: ___/___/_____  
Tracking Information  
Tracking #: ____________  
Ready Date: __/___/____  
Date mailed/picked up: __/___/____  
Final Cost  
Total pages: ______   
Total: $ ___________   
Deposit: $ ___________   
Balance Due: $ ___________  

Records Provided:  
1. Description of the search undertaken to satisfy the request:  
2. If any document or part of a document is deemed confidential, check here (___) and attach a separate piece of paper detailing the description of each document (or portion of the document) and the source of the confidential information.  
3. The following is the last date on which any documents that may be responsive to this request were destroyed: ___/___/_____  

Records Request:  
___ Denied and reason(s) why denied:  
___ Approved (granted in 7 days)  
___ Approved (granted in more than 7 days) Reason(s) for delay:  
Subscribed and sworn to before me this ___ day of ______, 20____.  
(Seal) Notary Public of New Jersey  
Specify Other State  
My Commission expires on______, 20____.  

Custodian Name (Signature)  
Custodian Name (Print)  
Dated: ___________  
Specified Other State  
My Commission expires on______, 20____.

1. In order to request access to government records under OPRA, you must complete all the required portions of and date this request form and deliver it in person during regular business hours, by mail, fax or electronically to the custodian of records for the Somerset County Park Commission (“SCPC”). Your request is not considered filed until the SCPC has receive the completed request form. If you submit a request for access to government records to someone other than the appropriate custodian, do not complete the Government Records Request form in full, or attempt to make a request for access by telephone, the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request.

2. The fees for duplication of a government record in printed form are listed on the front of this form. You will also be required to pay any special charges, special service charges or other additional charges authorized by State law or regulation. If estimated costs exceed the maximum amount you stated you were willing to pay, we will contact you for authorization before proceeding. If authorization is granted, you agree to pay the balance due upon receipt by you of the records. Payment shall be made by cash, check or money order payable to the Somerset County Park Commission. This form, when signed by the custodian of records, shall constitute a receipt for the deposit made by you in conjunction with your request.

3. It may be necessary for the records custodian to contact you concerning your request. Accordingly, identifying information, such as your name, address and telephone number and an e-mail address, is required. Anonymous requests are permitted; except that anonymous requests for personal information are not honored. If you elect not to provide a name, address, or telephone number, or other means of contacting you, the custodian shall not be required to respond until you reappear before the custodian seeking a response to the original request.

4. By State Law, a custodian must deny access to a person who is convicted of an indictable offense in New Jersey, any other state, or the United States, who is seeking government records containing personal information pertaining to the person’s victim or the victim’s family.

5. By law, the SCPC must grant you access to a government record or deny your request for access to a government record within seven business days after the custodian of the record requested receives your request, provided that the record is currently available and not in storage or archived. If the record requested is not currently available or is in storage or archived, the custodian will advise you within seven business days as to when the record can be made available and the estimated costs. You may agree with the custodian to extend the time for making records available, or granting or denying your request.

6. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.

7. If the SCPC is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form, or on a separate page appended to the request form, and send you a signed and dated copy of the request form.

8. Except as otherwise provided by law or by agreement with you, if the custodian of the requested record fails to respond to you within 7 business days of receiving a written, signed request form, the failure to respond will be considered a denial of your request, unless you elected not to provide a name, address or telephone number, or other means of contacting you.

9. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the SCPC to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law.

10. Information provided on this form may be subject to disclosure under the Open Public Records Act.