

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	Payment Information
First Name: _____ MI: ___ Last Name: _____ Company: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ E-mail Address: _____ Business Hours Telephone Number: _____ Preferred Delivery: <input type="checkbox"/> Pick-up <input type="checkbox"/> US Mail <input type="checkbox"/> On-Site Inspection <u>Check one:</u> Under penalty of <u>N.J.S.A.</u> 2C:28-3, I certify that I <input type="checkbox"/> HAVE / <input type="checkbox"/> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, or any other state, or the United States. Signature: _____ Dated: _____	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 <u>Delivery:</u> Delivery/postage fees additional depending upon delivery type. <u>Extras:</u> 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: <input type="checkbox"/> Inspect or <input type="checkbox"/> Receive a copy of the following records: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

PARK COMMISSION USE ONLY		
Estimated Document Cost: \$ _____ Estimated Delivery Cost: \$ _____ Estimated Extra Cost: \$ _____ Total Estimated Cost: \$ _____ Deposit Date: ___/___/___	<u>Tracking Information</u> Tracking #: _____ Ready Date: ___/___/___ Date mailed/picked up: ___/___/___	<u>Final Cost</u> 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: ___/___/___
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<u>Records Request:</u> <input type="checkbox"/> Denied and reason(s) why denied: _____ <input type="checkbox"/> Approved (granted in 7 days) <input type="checkbox"/> Approved (granted in more than 7 days) Reason(s) for delay: _____ _____ Custodian Name (Signature) Custodian Name (Print) Dated: _____	Subscribed and sworn to before me this ___ day of _____, 20 ____. _____ (Seal) Notary Public of New Jersey Specify Other State My Commission expires on _____, 20 ____
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Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1, et seq.)

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.
11. Statement of the Commission's document retention/destruction policy.