

REQUEST FOR PUBLIC RECORDS INSPECTION

This form must be completed and presented to the Office of the SBA/BS between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday when offices are normally open or between 9:00 a.m. and 3:00 p.m. on non-operational (non-holiday) school days. Within 24 hours, a Board official will determine whether the requested records will be provided and appropriate fees, if applicable, to be charged for this request. Fees must be paid in advance. Requested records will be made available as soon as possible and within the time frame established by law provided that the record is currently available and not in storage or archived.

Original documents must be viewed in the presence of the SBA/BS or designee and shall not be removed from the viewing place for any reason. Persons requesting inspection shall complete the following statement of request:

Requested by: _____

Address: _____

Phone and/or Fax: _____

I have read and understand the above regulation of policy. I also understand the per copy rate which is listed below and that payment for same must be in cash, money order or certified check. An uncertified personal check is acceptable but reproduction and issuance of copies will only be made once the check has "cleared."

Fees: Letter size pages - \$0.05 per page;
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc.) – actual cost of material

Delivery: Delivery/postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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.

Signed: _____ Date: _____

Clearly print a brief description of the record(s) requested:

1. _____
2. _____
3. _____
4. _____

To be completed by SBA/BS:

Request Approved or Denied	To be Provided by	Fee

Total charges \$ _____

If request is denied, the reasons for denial follow:

1. _____
2. _____
3. _____
4. _____

Signature of SBA/BS

Date

Revised: July 2002
Revised: January 2009
Revised: May 2011
Revised: May 2012