



State of New Jersey
 TOWNSHIP OF HAMILTON
GOVERNMENT RECORDS REQUEST FORM
 6101 Thirteenth Street, Mays Landing N.J. 08330
 Phone #: (609) 625-2211 Fax #: (609) 625-5903

Chief Gregory Ciambrone

To the Records Custodian

Important Notice

A request for Public Records *must* be submitted on this form which has been adopted by the Chief of Police and the Custodian of Records. If your request is approved the record(s) may be immediately available during normal business hours. Some requests will take some time to compile and photocopy, but will normally be available within 7 days pursuant to statute. If a request cannot be provided within seven (7) days, or the requested information is *not* public record you will be notified within the seven (7) day period. The terms "Public Record" and "Government Record" in New Jersey *DOES NOT* include: Criminal investigatory records; Victim's records; Inter or Intra agency advisory, consultative or deliberative material; Emergency or security information regarding computer hardware, software and networks which if disclosed would jeopardize security; Labor/Management negotiations; Pension and Personnel records.

REQUESTER INFORMATION:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company	<input type="text"/>		
Mailing Address	<input type="text"/>		
email	<input type="text"/>		
City, State, Zip	<input type="text"/>		
Phone Number	<input type="text"/>	Extension	<input type="text"/>

PAYMENT INFORMATION

Maximum Authorized Cost	<input type="text"/>	
Select Payment Method		
<input type="radio"/> Cash	<input type="radio"/> Check	<input type="radio"/> Money Order
Fees:	Per Page cost / printed media	
	\$0.05 Letter	
	\$0.07 Legal	
Delivery:	Delivery & postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependant upon type of request and media needed.	

Under penalty of N.J.S.A. 20:28.3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Furthermore, I am not seeking personal information pertaining to a victim or the victim's family. By checking this box, I also acknowledge I have read the information above and agree to the terms and/or conditions.
 Note: Online submissions will NOT be processed unless the box is checked. Fill out Form Completely.
 Signature: _____ Date: _____

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Reasonable efforts will be made to provide the information in the requested format. The cost of producing the data in the requested format will be collected prior to release.

Do not write below this line **AGENCY USE ONLY** **Do not write below this line**

Est. Document Cost	<input type="text"/>	Custodian: If any part of this request cannot be delivered in seven business days, detail reasons here. <input type="text"/> <input type="radio"/> Denied Date <input type="text"/> <input type="radio"/> Filled Date <input type="text"/> <input type="radio"/> Partial Date <input type="text"/>	Rec'd Date	<input type="text"/>	Total	<input type="text"/>
Est. Delivery Cost	<input type="text"/>		Ready Date	<input type="text"/>	Deposit	<input type="text"/>
Total Est. Cost	<input type="text"/>		Total Pages	<input type="text"/>	Balance Due	<input type="text"/>
Deposit Amt.	<input type="text"/>		Records Provided			
Est. Balance	<input type="text"/>					
Deposit Date	<input type="text"/>		Cutodian	<input type="text"/>	Date	<input type="text"/>