RAHWAY VALLEY SEWERAGE AUTHORITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Citizens Guide: http://www.nj.gov/grc/public/citizens
1050 East Hazelwood Avenue, Rahway, NJ 07065
Phone 732-388-0868 Fax 732-382-0774
Info@rahwayvalleysa.com
Joanne Grimes, Custodian of Records

NOTE: The time frame to fulfill a request for access to government records under OPRA does not begin until the request form or equivalent written request has been delivered to the appropriate records custodian. Sending a records request to the wrong officer or employee may result in a delay of the fulfillment of the request. However, an agency must make the identity of the records custodian readily known to the public.

Requestor Information – Please Print

First Name _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

If you are requesting records containing personal information, please circle 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, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __

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.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ _____

Custodian Signature **Date**