BOROUGH OF FAIR HAVEN

748 River Road Fair Haven, NJ 07704 732-747-0241

REQUEST FOR ACCESS TO POLICE DEPARTMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Request Received:	Date Response Provided:
	SEE INSTRUCTIONS BELOW
Name:	
Address:	
Telephone [Day]	
Information Requested:	
[] Polic	ce Accident Report
]	Identify Accident:
-	
[]	Other [specify]

A request for a copy of Government Records should be submitted on this form which has been adopted by the Custodian of Records for requests related to Police Department Records. Some records will be immediately available during normal business hours. Some records will require time to locate and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

• Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, 0.75 per page; eleventh page to twentieth page, 0.50 per page; all pages over twenty, 0.25 per page; for a police accident report there is an additional fee when the request is not made in person of 5.00 for the first 3 pages and 1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

• Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

• Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with N.J.S.A. 47:1A-1. The term does not include employee personnel files, police investigation records, or other matters in which there is a right of privacy or confidentiality or which is specifically exempted by law.

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.

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on	
Estimated Number of Pages	
Estimated Cost	
Deposit [required where the anticipated cost of reproducti	ion exceeds \$5.00]
Applicant	Municipal Official
Date:	Date:
PUBLIC RECORD	S REQUEST RESPONSE
то :	
DATE :	

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, for the following reason:

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Government Records Council or to the New Jersey Superior Court, as provided by *N.J.S.A.* 47:1A-1 et seq.. If your request has been denied, a statement of the procedures for the appeal will be attached.

Date:

Municipal Custodian of Records

ACKNOWLEDGMENT

I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on the procedures for any appeal of the determination.

Date: _____

Applicant