



Middletown Township Police Department
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Kings Highway Middletown NJ, 07748
(732) 615-2100 & (732) 769-0049 (Fax)
recordsmtp@middletownnj.org
Lieutenant Stephanie Geisel

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

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

Under penalty of perjury, I declare that the foregoing is true and correct to the best of my knowledge and belief.

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I HAVE / HAVE NOT been convicted of any indictable offense under other state, or the United States;
2. I, or another person, WILL / WILL NOT use the requested government purpose;
3. I AM / AM NOT seeking records in connection with a legal proceeding.

Date

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Letter size pages - \$0.05

Letter size pages - \$0.05
per page
Legal size pages - \$0.07
per page

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.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

1. *What is the primary purpose of the study?*

| | | | | | |
|------------------------|-------|---|----------|--------------------------------------|--------------|
| AGENCY USE ONLY | | AGENCY USE ONLY | | AGENCY USE ONLY | |
| Est. Document Cost | _____ | Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. | | Tracking Information | Final Cost |
| Est. Delivery Cost | _____ | | | Tracking # | Total |
| Est. Extras Cost | _____ | | | Rec'd Date | Deposit |
| Total Est. Cost | _____ | | | Ready Date | Balance Due |
| Deposit Amount | _____ | | | Total Pages | Balance Paid |
| Estimated Balance | _____ | | | Records Provided | |
| Deposit Date | _____ | In Progress | - Open | | |
| | | Denied | - Closed | | |
| | | Filled | - Closed | | |
| | | Partial | - Closed | | |
| | | | | Custodian Signature _____ Date _____ | |