



Monroe Township Fire District Three

16 Centre Dr. - Monroe Twp. - NJ - 08831

Office - 609-409-2980 Fax - 609-409-4568



Public Records Request Form

Date Received _____

Date of Response _____

A request for access to, or for, a copy of Public Records should be submitted on this form. Some Records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available 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 seven (7) business days. Some records have Specific fees for other response to the request. There is no fee involved in simply inspecting a document during normal business hours. This request form may be filed electronically.

Name _____

Address _____

Telephone:(Day) _____

Information Requested:

() Copy of meeting minutes: (specify date, topic, or other identifying information)

() Copy of Ordinance or Resolution: (specify date, number, or other identifying information)

() Copy of Incident Report and or associated documents or photos: (Specify date, address or other Identifying info)

() Copy of Incident Report and or associated documents or photos: (Specify date, address or other Identifying info)



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Fee Schedule:

General documents: Letter sized documents is \$0.05. For Legal sized documents the cost is \$0.07 per page.

Specialty Items: Costs associated with reproducing photos, audio tapes, blue prints, etc, will be passed on to the person(s) requesting the same.

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/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 to victim's family as provided by *N.J.S.A. 47:1A- et seq.*

The information requested will be ready on _____

Estimated number of pages _____

Estimated cost _____

Deposit _____

This Form when signed by Fire District Officer shall constitute a receipt for any deposit received.
(required when anticipated cost of reproduction exceeds \$5.00)

Applicant

District Officer

Date: _____

Date: _____



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