Public Record Request Application
Township of Woolwich

Important Notice: ***Mail To:*** *Woolwich Twp. Police Dept., 120 Woodstown Road, Woolwich, NJ 08085*

The Reverse side of this form contains important information related to your rights to request government records. Please read it carefully.

REQUESTOR INFORMATION: (PLEASE PRINT)

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Hours Telephone: _(_____)_____ Extension: _____

Preferred Delivery: Pickup: _____ US Mail: _____ On-site Inspect: _____

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 or any other state of the United States.

Signature: _____ Date: _____/_____/_____

PAYMENT INFORMATION:
(Select Payment Method)

Cash: _____ Check: _____ Money Order: _____

Fees:	Pages 1-10	$0.75 per page
	Pages 11-20	$0.50 per page
	Pages 21-up	$0.25 per page
Police Accident Reports:		
	Pages 1-3	$5.00
	Pages 4-up	$1.00 per page

Delivery: Delivery/Postage fees additional depending upon delivery services. (except for accident reports).

As per N.J.S.A. 39:4-131

INFORMATION REQUESTED:

_____ Copy of Minutes: (specify board or entity, date, topic or other identifying information)

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

_____ Police Accident Report: (Identify Accident Below) Fee: _____

_____ Other Type of Report (specify): _____

_____ License Information (specify): _____

_____ Information on Specific Property: Address: _____ Blk#: _____ Lot#: _____

_____ Municipal Lien Search: Fee: _____
Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

_____ List of Property Owners within 200 feet: Fee: _____
As provided in N.J.S.A. 40:55D-12, the fee is the greater of $0.25 per name or $10.00

Describe from Above:

Information Requested will be ready on: _____/_____/_____ Estimated Cost: _$_____

Disposition: Date Filled: _____/_____/_____ Date Mailed/Faxed: _____/_____/_____ Date: Picked Up: _____/_____/_____ Date Denied: _____/_____/_____

Reason for Denial: _____

_____ _____ _____/_____/_____
Custodian Name (Please Print) Signature *(Official Use Only)* Date