



Borough of Glassboro/Glassboro Police Department
 OPEN PUBLIC RECORDS ACT (OPRA) REQUEST FORM



1 South Main Street
 Glassboro, NJ 08028
 856-881-1501
 records@glassboropd.org

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully. In addition, please note that you may complete and submit requests electronically on the Internet at www.nj.gov/opra

Requester Information – Please Print

First Name _____ MI _____ Last Name _____
 Company _____
 Mailing Address _____
 City _____ State _____ Zip _____ E-mail _____
 Business Hours Telephone: Area Code _____ Number _____ Extension _____
 Fax Area Code _____ Number _____
 Preferred Delivery: PICK UP US MAIL ON SITE INSPECT E-MAIL

Check 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 _____
 Money Order _____

Fees: Letter size pages \$0.05 each
 Legal size pages \$0.07 each
 Other materials (CD, DVD, etc.) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested.

AGENCY USE ONLY

Estimated Record Cost _____ Special Cost _____ Total Cost Estimated _____	Comments: Denied _____ Approved-Records to be granted in seven business days _____ Approved – Records will take longer than seven business days _____	<table style="width: 100%;"> <tr> <th colspan="2" style="text-align: left;">Tracking Information</th> <th colspan="2" style="text-align: left;">Final Cost</th> </tr> <tr> <td>ID #</td><td>_____</td> <td>Total</td><td>_____</td> </tr> <tr> <td>Ready Date</td><td>_____</td> <td>Deposit</td><td>_____</td> </tr> <tr> <td>Date Mailed or Picked Up</td><td>_____</td> <td>Balance Due</td><td>_____</td> </tr> <tr> <td>Total Pages</td><td>_____</td> <td>Balance Paid</td><td>_____</td> </tr> <tr> <td></td><td></td> <td>Date Paid</td><td>_____</td> </tr> </table> <p style="text-align: center;">Records Provided</p>	Tracking Information		Final Cost		ID #	_____	Total	_____	Ready Date	_____	Deposit	_____	Date Mailed or Picked Up	_____	Balance Due	_____	Total Pages	_____	Balance Paid	_____			Date Paid	_____	
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