



## Government Records Request Form

### *Requestor Information*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

### *Preferred Delivery*

(Check One) Pick Up: \_\_\_\_\_ U.S. Mail: \_\_\_\_\_ On Site Inspection: \_\_\_\_\_ Electronic: \_\_\_\_\_

### *Criminal Offense*

(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, or the United States.

### *Payment Information*

Maximum Authorized Cost: \$ \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

(Select Method of Payment) Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Money Order: \_\_\_\_\_

Fees: Pages 1-10 @\$0.75/per page Pages 11-20 @\$0.50/per page Pages 21- @\$0.25/per page

Delivery: Delivery/postage fees are additional depending upon delivery type.

Extras: Extraordinary services fees dependent upon request.

### *Records Request Information*

To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying, inspection or electronic transmission), and if data, the medium requested. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit Completed Form to:  
Joanne Grimes, Custodian of Records  
RVSA, 1050 East Hazelwood Avenue  
Rahway, New Jersey 07065

\_\_\_\_\_  
Signature Date