REQUEST FOR PUBLIC RECORDS

NORTH BRUNSWICK BOARD OF EDUCATION, Business Administrator's Office, P.O. Box 6016, North Brunswick, NJ 08902 MIDDLESEX COUNTY

Requested by: Address: Phone and/or Fax: Signed:		COPYING FEES Letter sized pages and smaller: Legal sized pages and larger: Records sent by email or fax: Records in another medium (i.e. computer disc, CD-ROM, DVD):		\$0.05 \$0.07 Free of Charge Actual Cost
	Date		_	Actual Cost
Clearly print a brief description of the record(s) req (circle) 1. (view or copy) 2. (view or copy)	ruested: Request Approved or Disapproved *	To Be Provided By	Fees Charged	
 (view or copy) (view or copy) 	•			
*If Request is denied, the reasons for denial follow 1 2			Deposit if any: \$_	\$ Total Charge
3		Signature of Cus	todian Date	
4				
This form must be completed and presented to the open. A determination as to any fees charged will records will be made available as soon as possible and not in storage or archived.	be made by the Custodian of Records	. A deposit may be required u	pon acceptance of this requ	uest. Requested
A person making a request of public records who Superior Court; or in lieu of filing an action in Sup P.L. 2001, c.404 (C.47:1A-7) The GRC may be www.nj.gov/grc	perior Court, file a complaint with the 0	Government Records Council	(GRC) established pursual	nt to Section 8 of
Circle One: Under penalty of N.J.S.A. 2C:28-3, other state, or the United States.	I certify that I HAVE / HAVE NOT bee	en convicted of any indictable	offense under the laws of	New Jersey, any
Signature:		Date:		
			Revise	ed 7/27/10