ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY:_____

MAILING ADDRESS:_____
Street (P0 Box, Suite #,) *City* State *Zip*

PHONE: _____EMAIL:_____

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Preferred Delivery: _____Pick up _____US Mail _____On Site Inspection _____ Email _____Fax
Maximum Authorized Cost $ _____

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

If you are requesting records containing personal information, please 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, any other state, or the United States.

Signature: _____ Date: _____

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232

OR

Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234

OR

By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID#___ of ___

DATE RECEIVED: _____ DATE OF RESPONSE: _____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____ POSTAGE $_____ DEPOSIT $_____ AMOUNT DUE $_____ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*