Sea Bright Police Department
OPEN PUBLIC RECORDS ACT REQUEST FORM
1099 Ocean Avenue, Sea Bright, NJ 07760
(732) 842-0018
policerecords@seabrightnj.org
Sergeant Andrew Hendricks, Custodian of Record

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

Under penalty of N.J.S.A. 2C:28-3, I certify that
1. I ☐ *HAVE* / ☐ *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ *WILL* / ☐ *WILL NOT* use the requested government records for a commercial purpose;
3. I ☐ *AM* / ☐ *AM NOT* seeking records in connection with a legal proceeding.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash   Check   Money Order

Fees: Letter size pages - $0.05 per page
        Legal size pages - $0.07 per page
        Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: *If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.*

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress   -   Open _____
Denied   -   Closed _____
Filled   -   Closed _____
Partial   -   Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature _____   Date _____