

**OPEN PUBLIC RECORDS ACT REQUEST FORM**  
 The Linden Roselle Sewerage Authority  
 PLANT LOCATION: 5005 SOUTH WOOD AVENUE, LINDEN, N.J.  
 P.O. BOX 4118 LINDEN, NEW JERSEY 07036-8118  
 PHONE 908-862-7100  
 FAX 908-474-8685  
 www.LRSA-NJ.gov  
 JEFFREY A. WILLIAMS, EXECUTIVE DIRECTOR

RALPH STRANO, CHAIRMAN  
 JAMEL C. HOLLEY, VICE CHAIRMAN  
 EDWARD MIKOLAJCZYK, TREASURER  
 DEREK ARMSTEAD, SECRETARY  
 REGINALD ATKINS  
 JAMES MOORE

**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 \_\_\_\_\_  
 Preferred Delivery: Pick \_\_\_\_\_ Up \_\_\_\_\_ US Mail \_\_\_\_\_  
 On-Site \_\_\_\_\_ Inspect \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 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 \_\_\_\_\_

**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 per page  
**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.

AGENCY USE ONLY  
 Tracking Information  
 Tracking # \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Ready Date \_\_\_\_\_  
 Total Pages \_\_\_\_\_  
 Balance Due \_\_\_\_\_  
 Balance Paid \_\_\_\_\_  
 Deposit \_\_\_\_\_  
 Total \_\_\_\_\_  
 Final Cost \_\_\_\_\_  
 Records Provided \_\_\_\_\_  
 Date \_\_\_\_\_  
 Custodian Signature \_\_\_\_\_

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 \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Filled \_\_\_\_\_  
 Partial \_\_\_\_\_  
 Open \_\_\_\_\_  
 Closed \_\_\_\_\_  
 Closed \_\_\_\_\_  
 Closed \_\_\_\_\_

AGENCY USE ONLY  
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 Balance Paid \_\_\_\_\_  
 Deposit \_\_\_\_\_  
 Total \_\_\_\_\_  
 Final Cost \_\_\_\_\_  
 Records Provided \_\_\_\_\_  
 Date \_\_\_\_\_  
 Custodian Signature \_\_\_\_\_