



COUNTY OF BERGEN



Department of
Office of

GOVERNMENT RECORDS REQUEST FORM

IMPORTANT NOTICES

The reverse side of this form contains Important Information related to your right to request government records. Please read it carefully, in addition, please note that you may view and print a copy of this form from the County of Bergen website at www.co.bergen.nj.us under "County Resource", Government Records Request Form".

Request Information (Please Print) (*=Required Fields)						Payment Information		
(See Reverse Side For Important Information)						Maximum Authorized Cost:		
Business / Org. Name*						\$		
First Name*		MI		Select Payment Method*				
Last Name*				Cash				
Mailing Address 1*				Check				
Mailing Address 2*							Duplication Fees:	
City*							Letter size @\$0.50 / per pg.	
State *				Zip*				Legal size paper: Or Larger @\$0.07 / per pg.
Business Hours Telephone No* (Include area Code)			Ext			List, Green bar Paper: @\$0.07 / per pg.		
Preferred Delivery	Pickup	US Mail	On-Site Review					
Under penalty of N.J.S.A. 2C28-3, I certify that I HAVE / HAVE NOT (Circle one) been convinced of an indicatable offense under the laws of the state of New Jersey, or any other state, or the United States.						Fees: (Variable based on agency)		
Signature*						Label, Pressure sensitive:		
Date*						CD:		
COUNTY USE ONLY						Setup:		
DEPT./ Div. that Rcv'd. Original Request			Dept. / Div. Forwarded to:					
Date Rcv'd.:			Date Forwarded					
Approval Signature						Extra Service Charges may apply depending upon the nature of your request.		
Approval Name (print)								
Custodian Signature				Date:				
Records request Information* (To Expedite Your Request Be As Specific As Possible – Attach additional Pages as needed)								
Submit Your Request			COUNTY USE ONLY			FINALIZED COST		
Mailing Your Request	Hand Deliver Request	Tracking #				Total		
		Rec, d Date				Deposit		
Your completed form may be mailed to the appropriate records custodian. See reverse side for mailing information.	Your completed form may be hand delivered to the appropriate custodian. Call Dept. to verify address. See reverse side for main telephone number	Ready Date			Balance Due			
Mark your envelop:	Pickup Date					Balance Paid		
Attention Records Custodian	Fax Your Request	Total Pages			Custodian Signature (below)			
Call Dept. main number to verify correct fax number. See reverse side for main telephone number.		Document Provided (See attached documentation)						
						Date		