

**PUBLIC RECORD REQUEST FORM
TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY**

Approval: _____

REQUESTOR INFORMATION: PLEASE PRINT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

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 law of New Jersey or any other state of the United States

Signature _____

INFORMATION REQUESTED

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

____ Copy of Ordinance or Resolution (specify date, number, or other identifying information)

____ Other Type of Report (specify)

Description of Information being requested

Payment Information:

In House Copy: \$0.05 a page

Request that requires copying to be sent out of house will be charged the exact rate from the out of house copy center

Cost of OPRA _____ Payment Type _____

Date OPRA was Picked Up _____ Date OPRA was Mailed _____