OPEN PUBLIC RECORDS ACT REQUEST FORM

Requestor_

Ocean City Free Public Library 1735 Simpson Ave. Ocean City, NJ 08226 (609)399-2434

For Library Use Only

Date Received Date Responded			
Requestor (please print)		Maximum Authorized Cost	
Name:		Photocopying - \$.05/page	
Address:		Delivery/Postage Fees Other materials (CD, DVD,	
Telephone:			
Email (if you want requested information sent	digitally):	Digital copies / email - Free	
INFORMATION REQUESTED (Please be as separate)	specific and detailed as possible. If additional	l space is needed, please attach a	
Preferred Delivery: Pick Up US Mail (Pos	stage) On-Site Inspection FAX	Email	
Requestor Signature / Date	 Library Director Signature / Da	nte	
Response The document (s) listed below and requested by y records as provided by law, for the following reasons.		nt or documents are not public	
You have the right to appeal the decision that the Government Records Council or to the New Jerse denied, a statement of procedures for appeal will	ey Superior Court, as provided by N.J.S.A. 47:1		
I hereby acknowledge that I have received the documents of the determination has been made that the documents of information for any appeal of the determination.		-	

Date__