

BOROUGH OF CHATHAM
54 FAIRMOUNT AVENUE
Chatham, New Jersey 07928

Request for Public Records

A request for a copy of Public Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested but will normally be available within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) days. Some records requested have specific fees for other response times established by statute and that information is set forth on this form or will be included in any response to the request. There is no fee involved in simply inspecting a document during business hours. This request may be filed electronically.

Name: _____

Address: _____

Telephone: (Day) _____

Note: Please check one of the following options: I want the report

Mailed _____ *Faxed* _____ *I will pick-up* _____
(Fax #)

Type of Information Request:

Police Accident report: _____ Fee: _____

Name & date on incident/accident: _____

Other (specify). _____

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)

Information on a specific property:

Address: _____

Block _____ Lot _____

Municipal Lien Search Fee (N.J.S.A. 54:5-14) \$10.00

Municipal Lien Searches are provided by the designated Search Officer and will be provided within fifteen (15) days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-1) et seq.

List of property owners within 200' Fee: _____
As provided in N.J.S.A. 40:55D-12, the fee is the greater of \$.25 per name or \$10.00.

License Information: (Specify)

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
(Required where the anticipated cost of reproduction exceeds \$5.00)