

**REQUEST FOR PUBLIC RECORDS
SAYREVILLE BOARD OF EDUCATION
MIDDLESEX COUNTY**

If requesting personal information, you must answer the following question(s):

Have you ever been convicted of a crime? Yes No

If you answered "YES" above, list the names of the victim(s) and family members below:

This form must be completed and presented to the Custodian of Records between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday when the Board of Education office is open.

A determination as to any fees charged will be made by the Custodian of Records. The statutory cost for routine copies will be \$.75 per page for 1 to 10 pages, \$.50 per page for 11 to 20 pages and a \$.25 per page for 21 or more pages. If extra work is required, the actual cost, excluding labor, will be charged. A 50% deposit of the actual or estimated copying costs will be required upon the presentation of this request. Requested records will be made available as soon as possible but no later than seven business days after receiving this request, provided the record is currently available and not in storage or archived.

A person making a request of public records who is denied such access, may institute a proceeding to challenge the Custodian's decision by filing an action in Superior Court; or in lieu of filing an action in Superior Court, file a complaint with the Government Records Council (GRC) established pursuant to Section 8 of P.L. 2001, c.404 (C.47:1A-7). The GRC may be reached by phone at (609) 292-6830, fax at (609) 633-6337 or by mail at P.O. Box 819, Trenton, NJ 08625. The GRC website is: www.nj.gov/grc.

Signature

Date

**REQUEST FOR PUBLIC RECORDS
SAYREVILLE BOARD OF EDUCATION
MIDDLESEX COUNTY**

Requested by: _____ Phone and/or Fax: () _____

Address: _____ Signed: _____ Date: _____

To be Completed by Custodian of Records

**Clearly print a brief description of the record(s) requested:
(circle)**

1. (view or copy) _____

2. (view or copy) _____

3. (view or copy) _____

4. (view or copy) _____

* Request is denied, the reasons for denial follow:

1. _____

2. _____

3. _____

4. _____

Request Approved or Denied	To Be Provided By	Fees Charged
1. *		
2. *		
3. *		
4. *		

Deposit if any: \$ _____

Total Charges: \$ _____

Signature of Custodian of Records

Date