Burlington County Bridge Commission ACCESS TO GOVERNMENT RECORDS REQUEST FORM

SECTION 1: To be completed by the requestor	
NAME OF REQUESTOR (Please print)	
ADDRESS / CITY / STATE / ZIP OF REQUESTOR (Plea	se print)
DUONE NUMBER OF REQUESTOR	
PHONE NUMBER OF REQUESTOR	
1. Description of Government Record sought under N.J.S.	<u>A.</u> 47:1A-1 (must be specific):
2. Requestor requests the following (check applicable requ	uest):
☐ Requestor requests examination only of above-	-described records.
☐ Requestor requests copies of above-described	records.
3. Requestor agrees to pay a fee(s) required by law for co	pies of Government Records.
SIGNATURE OF REQUESTOR	DATE
Select One : Under penalty of N.J.S.A. 2C:28-3, I certify the victed of any indictable offense under the laws of New Jers	
SECTION 2: To be completed by requestor when recor	rds (or access to records) are provided.
SIGNATURE OF REQUESTOR	DATE REVIEWED / INSPECTED
	DATE RECORDS RECEIVED
SECTION 3: To be completed by Custodian of Records	s if request is denied.
Custodian of Records denies request for access to the requ	uested records for the reasons stated:
CUSTODIAN OF RECORDS	DATE