



Borough of Milltown  
Milltown Police Dept.  
39 Washington Avenue  
Milltown, NJ 08850  
(732)828-1100 Ext. 146

OPRA # \_\_\_\_\_

**Request for Public Records Form**

Please submit to:  
Records - William Burns  
Records@milltownpd.org  
Fax (732) 249-5695

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street Town State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 laws of New Jersey, any other State or the United States. (Please Check One)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION REQUESTED**

\*Preferred Method of Record Reproduction  Scanned/ E-mail  Fax  Copies

Arrest, Investigation and other related reports

\_\_\_\_\_  
\_\_\_\_\_

Audio/Video records

\_\_\_\_\_  
\_\_\_\_\_

NJTR-1 (Accident reports) \$1.00

\_\_\_\_\_  
\_\_\_\_\_

Other- please be specific

\_\_\_\_\_  
\_\_\_\_\_

The information requested will be ready on or before: \_\_\_\_/\_\_\_\_/\_\_\_\_ Municipal Official: \_\_\_\_\_

Estimated # of Pages \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Deposit (required if anticipated cost of reproduction exceeds \$20.00) \_\_\_\_\_  
(Cost per page of photocopies: 8 1/2" x 11" letter size paper- \$0.05, 8 1/2" x 14" legal size paper- \$0.07)

**\*\*ACKNOWLEDGMENT OF DOCUMENTS RECEIVED\*\***

I hereby acknowledge that I have received the documents requested except for documents specifically listed below on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on the procedures for any appeal of the determination.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Municipal Official \_\_\_\_\_ Date \_\_\_\_\_

These document(s) listed below are not being provided because the document(s) are not public record as provided by law for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

the Government Records Council or New Jersey Superior Court as provided by N.J.S.A. 47:1A-1 et seq. If your request has been denied, a statement of the procedures will be attached to this notice.

Office Use Only

Date Forwarded to Records Custodian \_\_\_\_/\_\_\_\_/\_\_\_\_ By Officer/ Employee \_\_\_\_\_

Date Provided \_\_\_\_/\_\_\_\_/\_\_\_\_ Medium Provided  Scanned/ E-mail  Fax  Review in Office