

**GOVERNMENT RECORD REQUEST FORM**

**City of Corbin City**

**As a member of the public, you have the following rights when requesting government documents:**

- \* To obtain a government record within seven (7) days of the request date, unless longer time is required for the Municipal Clerk to complete the request, pursuant to N.J.S. 47:1A-1 et seq.
- \* If you are denied access to or copies of a government record requested, you may challenge that decision by filing a complaint in the New Jersey Superior Court or Government Records Council.

**INSTRUCTIONS:** To request a government document, complete this form and submit it to:

Corbin City Municipal Clerk  
 316 Route 50  
 Corbin City, N.J. 08270  
 (609) 628-2673  
 (609) 628-3017 (fax)

An advance deposit may be required for copies if costs are greater than \$5.00. **You have the right to approve of copying costs in advance.**

Requester Name: \_\_\_\_\_  
*(Municipality not responsible if contact information not provided, unless you appear in person.)*

Requester Address/Phone Number: \_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City) (State - Zip Code) (Phone/Fax during regular business hours)*

Briefly describe government record(s) requested and provide directions as to form in which you would like to receive the government record(s): \_\_\_\_\_

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

**TO BE COMPLETED BY MUNICIPAL CLERK & APPROVED BY YOU IN ADVANCE OF COPYING:**

Number of pages requested: \_\_\_\_\_ Cost of copying: \$ \_\_\_\_\_ Advance deposit required: \$ \_\_\_\_\_  
*(If requested anonymously)*

Approve copying costs by initialing here \_\_\_\_\_.

\_\_\_\_\_  
SIGN AND PRINT NAME

\_\_\_\_\_  
DATE

\*\*\*\*\*

**FOR MUNICIPAL CLERK ONLY - DO NOT WRITE BELOW THIS LINE**

Record(s) Request:  APPROVED  DENIED

Record(s) requested: \_\_\_\_\_

Date record(s) will be made available: \_\_\_\_\_

Total pages of government record(s) requested: \_\_\_\_\_

Cost to requester: *(Checks payable to "City of Corbin City")* \_\_\_\_\_

Deposit paid in advance by requester: *(Attach copy of check or money order)* \_\_\_\_\_

If request denied, state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Municipal Clerk

\_\_\_\_\_  
Date

