



NEWARK HOUSING AUTHORITY

| | |
|--|---|
| APPLICATION FORM FOR ACCESS TO GOVERNMENT RECORDS | Office of the Chief Legal Officer 500 Broad Street, Floor 6 Newark, NJ 07102 Telephone: (973) 273-6650 Facsimile: (973) 273-6546 |
| PART I : REQUESTOR'S INFORMATION | PAYMENT INFORMATION |
| Date: _____ | SELECT PAYMENT METHOD: Cash: <input type="checkbox"/> (if under \$5.00) Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> FEES: NHA must charge \$0.05 per page for letter sized pages and smaller and \$0.07 per page for legal sized pages Deposit \$ _____ (May be required where the anticipated cost of reproduction exceeds \$5.00) Extra Costs: Extraordinary service fees may be charged depending on extent o work and nature. |
| Full Name | |
| Organization (if applicable): | |
| Mailing Address: | |
| City : _____ State: _____ Zip: _____ | |
| Home/Business Phone | |
| Request Made Via: <input type="checkbox"/> Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Electronically | |
| Circle One: Under penalty of <u>N. J. S. A. 2C:28:3</u> , have you been convicted of any indictable offense under the laws of New Jersey or any Other State of the United States? YES <input type="checkbox"/> No <input type="checkbox"/> If you answer YES, you must comply with N. J. S. A. 47:1A 2.2. | |
| Signature: _____ | |
| Date: _____ | |

NEWARK HOUSING AUTHORITY

| |
|--|
| PART II: DESCRIPTION OF GOVERNMENT RECORD(S) |
| To Expedite Your Request, Be as Specific as Possible: |
| |
| |
| |
| |
| |
| |
| |
| |
| PART III: COURSE OF ACTION FOR OFFICE USE ONLY |
| <input type="checkbox"/> Chief Legal Officer's Record <input type="checkbox"/> Agency Records <input type="checkbox"/> Other |
| Requestor _____ |
| Request Forwarded To: _____ Department _____ |
| Forwarded via: <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically <input type="checkbox"/> Date Forwarded: |
| 2 nd Notice Date: _____ 3 rd Notice Date: _____ |
| Response Date: _____ Comment: _____ |

NEWARK HOUSING AUTHORITY

| PART IV: GOVERNMENT RECORDS REQUEST RESPONSE FOR OFFICE USE ONLY | | | |
|---|-------------|----------------------------|-------|
| Date Requestor Contacted: _____ via: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other | | | |
| Status of Request: <input type="checkbox"/> In Progress <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> Denied (See Attached Response Form) | | | |
| The information requested will be ready on: _____ | | | |
| Estimated number of pages: _____ | | | |
| Estimated Cost: \$ _____ | | Deposit Required: \$ _____ | |
| <small>(may be required where the anticipated cost of reproduction exceeds \$5.00)</small> | | | |
| Deposit Received: \$ _____ | | Date: _____ | |
| Balance Due: \$ _____ | | Balance Paid: \$ _____ | |
| Record Description: <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | |
| Total Pages: | Total Cost: | Staff Person: | Date: |

ACKNOWLEDGEMENT

I hereby acknowledge that I have received the document(s) requested. If any document(s) has/have not been provided, I have received information on the procedures for appeal of the determination.

| | |
|--------------|-------|
| Received by: | Date: |
|--------------|-------|