



NEWARK HOUSING AUTHORITY

<p align="center">APPLICATION FORM FOR ACCESS TO GOVERNMENT RECORDS</p>	<p>Office of the Chief Legal Officer 500 Broad Street, Floor 6 Newark, NJ 07102 Telephone: (973) 273-6382 Facsimile: (973) 273-6390</p>
<p>PART I : REQUESTOR'S INFORMATION</p>	<p align="center">PAYMENT INFORMATION</p>
<p>Date: <input type="text"/></p> <p>Full Name: <input type="text"/></p> <p>Organization (if applicable): <input type="text"/></p> <p>Mailing Address: <input type="text"/></p> <p>City : <input type="text"/></p> <p>State: <input type="text"/> Zip: <input type="text"/></p> <p>Home/Business Phone: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p align="center">Request Made Via:</p> <p><input type="checkbox"/> Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Electronically</p>	<p>SELECT PAYMENT METHOD:</p> <p>Cash: <input type="checkbox"/> (if under \$5.00)</p> <p>Certified Check: <input type="checkbox"/></p> <p>Money Order: <input type="checkbox"/></p> <p>FEES: NHA must charge \$0.05 per page for letter sized pages and smaller and \$0.07 per page for legal sized pages</p> <p>Deposit : \$ <input type="text"/></p> <p>(May be required where the anticipated cost of reproduction exceeds \$5.00)</p> <p>Extra Costs: Extraordinary service fees may be charged depending on extent of work and nature.</p>
<p>Circle One: Under penalty of N. J. S. A. 2C:28:3, 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"/></p> <p>If you answer YES, you must comply with N. J. S. A. 47:1A 2.2.</p> <p>Signature: <input type="text"/></p> <p>Date: <input type="text"/></p>	



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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

Chief Legal Officer's Record Agency Records Other

Requestor

Request Forwarded To: Department:

Forwarded via: Fax Hand Delivered Electronically Date Forwarded:

2nd Notice Date: 3rd Notice Date:

Response Date: Comment:



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PART IV: GOVERNMENT RECORDS REQUEST RESPONSE FOR OFFICE USE ONLY			
Date Requestor Contacted:	<input style="width: 95%;" type="text"/>	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:	<input style="width: 95%;" type="text"/>		
Estimated number of pages:	<input style="width: 95%;" type="text"/>		
Estimated Cost: \$	<input style="width: 95%;" type="text"/>	Deposit Required: \$	<input style="width: 95%;" type="text"/>
<small>(may be required where the anticipated cost of reproduction exceeds \$5.00)</small>			
Deposit Received: \$	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
Balance Due: \$	<input style="width: 95%;" type="text"/>	Balance Paid: \$	<input style="width: 95%;" type="text"/>
Record Description:			
<input style="width: 99%; height: 25px;" type="text"/>			
<input style="width: 99%; height: 25px;" type="text"/>			
<input style="width: 99%; height: 25px;" type="text"/>			
Total Pages:	<input style="width: 60px;" type="text"/>	Total Cost:	<input style="width: 60px;" type="text"/>
Staff Person:	<input style="width: 60px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>

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:
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