



## NEWARK HOUSING AUTHORITY

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| <p align="center"><b>APPLICATION FORM FOR ACCESS TO<br/>GOVERNMENT RECORDS<br/>NJSA 47:1A-1 ET SEQ</b></p>   | <p>Office of the Chief Legal Officer<br/>500 Broad Street, Floor 6<br/>Newark, NJ 07102<br/>Telephone: (973) 273-6382<br/>Facsimile: (973) 273-6390</p>   |
| <p><b>PART I : REQUESTOR'S INFORMATION</b></p>   | <p align="center"><b>PAYMENT INFORMATION</b></p>  |
| <p><b>Date:</b> <input type="text"/></p> <p><b>Full Name:</b> <input type="text"/></p> <p><b>Organization (if applicable):</b><br/><input type="text"/></p> <p><b>Mailing Address:</b> <input type="text"/></p> <p><b>City :</b> <input type="text"/></p> <p><b>State:</b> <input type="text"/> <b>Zip:</b> <input type="text"/></p> <p><b>Home/Business Phone:</b> <input type="text"/></p> <p><b>Email Address:</b> <input type="text"/></p> <p align="center"><b>Request Made Via:</b></p> <p><input type="checkbox"/> Office   <input type="checkbox"/> Correspondence   <input type="checkbox"/> Electronically</p> | <p><b>SELECT PAYMENT METHOD:</b></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>FEEES: 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><b>Circle One:</b> 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><b>Signature:</b> <input type="text"/></p> <p><b>Date:</b> <input type="text"/></p>  |   |



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### PART II: DESCRIPTION OF GOVERNMENT RECORD(S)

To Expedite Your Request, Be as Specific as Possible:

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### 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:

2<sup>nd</sup> Notice Date:  3<sup>rd</sup> Notice Date:

Response Date:  Comment:



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| <b>PART IV: GOVERNMENT RECORDS REQUEST RESPONSE FOR OFFICE USE ONLY</b>   |   |  |  |
| Date Requestor Contacted: <input style="width: 150px; height: 20px;" 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: 350px; height: 20px;" type="text"/>  |   |  |  |
| Estimated number of pages: <input style="width: 550px; height: 20px;" type="text"/>   |   |  |  |
| Estimated Cost: \$ <input style="width: 250px; height: 20px;" type="text"/>   | Deposit Required: \$ <input style="width: 150px; height: 20px;" type="text"/> |  |  |
| <small>(may be required where the anticipated cost of reproduction exceeds \$5.00)</small>  |   |  |  |
| Deposit Received: \$ <input style="width: 250px; height: 20px;" type="text"/>   | Date: <input style="width: 150px; height: 20px;" type="text"/>                |  |  |
| Balance Due: \$ <input style="width: 250px; height: 20px;" type="text"/>  | Balance Paid: \$ <input style="width: 150px; height: 20px;" type="text"/>     |  |  |
| <b>Record Description:</b>  |   |  |  |
| <input style="width: 100%; height: 100%;" type="text"/>   |   |  |  |
| <input style="width: 100%; height: 100%;" type="text"/>   |   |  |  |
| <input style="width: 100%; height: 100%;" type="text"/>   |   |  |  |
| Total Pages: <input style="width: 50px; height: 20px;" type="text"/>  | Total Cost: <input style="width: 50px; height: 20px;" type="text"/>           | Staff Person: <input style="width: 50px; height: 20px;" type="text"/>                            | Date: <input style="width: 100px; height: 20px;" 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.

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