



Township of Pennsauken

CAMDEN COUNTY, NEW JERSEY

(856) 665-1000
FAX (856) 665-2749

INCORPORATED 1897

Requestor Information – Please Print

First Name _____ MI _____ Last Name _____
 Company _____
 Mailing Address _____
 City _____ State _____ Zip _____ Email _____
 Business Hours Telephone: Area Code _____ Number _____ Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
 Article One: 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.
 Signature _____ Date _____

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Pages 1-10 @ \$0.75
 Pages 11-20 @ \$0.50
 Pages 21 - @ \$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here _____

 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

| Tracking Information | | Final Cost | |
|---------------------------|-------|--------------|-------|
| Tracking # | _____ | Total | _____ |
| Rec'd Date | _____ | Deposit | _____ |
| Ready Date | _____ | Balance Due | _____ |
| Total Pages | _____ | Balance Paid | _____ |
| Records Provided | | | |
| Custodian Signature _____ | | Date _____ | |