

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

1540 West Park Ave, Suite 1

Ocean, NJ 07712

Telephone: (732) 493-9520

Fax: (732) 493-9521

E-Mail: info@mcrhc.org

OPEN PUBLIC RECORDS ACT REQUEST FORM

All persons requesting access to government records must fill out this form and fax or mail the form to the Records Custodian at the address listed above. The custodian of government records must review the request and the requested documents before access is permitted to the document(s). If copies are requested, fees for documents to be copied must be prepaid. Checks must be made payable to the Monmouth County Regional Health Commission #1. or "MCRHC". Provided that the document requested is not in storage, access must be granted or denied within 7 business days of the request. Anyone denied access, may institute a proceeding to challenge the decision by filing an action in Superior Court; or in lieu of filing an action, may file a complaint with the Government Records Council established pursuant to Section 8 of P.L. 2001, c.404(C:471A-7).

**BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**

Date of Request: _____

E-Mail address (if applicable): _____ "Unless otherwise stated, all responses will be emailed"

Name of Person Making Request: _____

Address of Person making Request: _____

Telephone Number: _____ Fax Number: _____

Please Provide Information on the Following Location (Street Address/Town):

Request Location: _____

Block #: _____ (Required) Lot #: _____ (Required)

Describe What Information is Being Requested:

Signature of requestor: _____

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____

Date Completed: _____