

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

1540 West Park Ave, Suite 1

Ocean, NJ 07712

Telephone (732)493-9520

Fax (732)493-9521

GOVERNMENT RECORD REQUEST FORM

All persons requesting access to government records must fill out this form and fax or mail the form to the Custodians Records Clerk 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. 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): _____

Name of Person Making Request: _____

Address of Person making Request: _____

Telephone Number: _____

Fax Number: _____

Description of document(s) requested: _____

Signature of requestor: _____

HEALTH COMMISSION USE

Denial date: _____

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

Approved date: _____

Copying fees:

- Pgs 1 – 10 \$.75 per page _____ x \$.75 = _____
- Pgs 11 – 20 \$.50 per page _____ x \$.50 = _____
- Pgs 21 to end \$.25 per page _____ x \$.25 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____

Date Completed: _____