

Atlantic County Improvement Authority
1333 Atlantic Avenue, Suite 700
Atlantic City, NJ 08401
609-343-2390
609-343-2188 (fax)

Request for Access to Authority Records

NOTE: In order to request access to government records under the Open Public Records Act, you must complete all of the required sections, and date this request form and deliver by mail, fax, email (lamey_john@aclink.org) or in person. Requests that are mailed or hand-delivered should be addressed to the Atlantic County Improvement Authority, 1333 Atlantic Avenue, Suite 700, Atlantic City, NJ 08401, John Lamey, Executive Director between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding holidays. This request will not be considered filed until the custodian of record has received the completed request form. The seven business day response time will not commence until the custodian reviews the request to determine if it is complete. You may be charged a 50% or other deposit when a request for copies exceeds \$25.00.

Requests must be in writing. Verbal requests will not be honored.

Fee schedule for copies is as follows:
\$0.05 per letter size page or smaller
\$0.07 per legal size page or larger

Requester Information - PLEASE PRINT

Name _____ Date _____
Company _____
Address _____
Daytime Telephone # _____
Preferred Delivery: Pick Up Copies _____ On Site Inspection _____

Information Requested:

Minutes (Please specify each meeting date requested): _____

Resolutions: (please specify each resolution requested by number) _____

Financial Information (Please specify each report, record requested) _____

Other (Please provide detail of the information requested) _____

Applicant's Acknowledgement:

By signature below I acknowledge the Custodian of Records will determine if the requested information is subject to public access under the law. I understand that in certain circumstances the Custodian of Record may be obligated to redact or remove certain information from a record because of legal restrictions upon public access to such information. I agree to submit payment (check or money order) for copies of any information as outlined on the previous page at the time the copies are made available.

(Signature)

(Print Name)

(Date)

AUTHORITY USE ONLY

Section 1 - Reason(s) for Denial of Request for Access to Government Records:

Section 2 - Payment Information

Total Cost of Copies \$ _____
Check or Money Order # _____
Payment Received Date _____

Section 3 - Custodian Authorization:

(Signature)

(Title)

(Date)