

**TOWNSHIP OF FREEHOLD**

1 MUNICIPAL PLAZA

FREEHOLD, NJ 07728

**REQUEST FOR ACCESS TO GOVERNMENT RECORDS**

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FOR MUNICIPAL USE ONLY

Date Received: \_\_\_\_\_ Date of Response: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Day) \_\_\_\_\_

**Information Requested:**

\_\_\_\_\_ **Copy of Minutes (specify board of entity, date, topic or other identifying information)**

\_\_\_\_\_

\_\_\_\_\_ **Copy of Ordinance/Resolution (specify date, number or other identifying information)**

\_\_\_\_\_

\_\_\_\_\_ **Other (specify)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Information on a Specific Property** Address \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Municipal Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR FREEHOLD TOWNSHIP USE ONLY**

Request forwarded to: (Department/s)

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Received by: Signature & Date \_\_\_\_\_

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Records Provided by: Department/Signature \_\_\_\_\_

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DATE:

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# Freehold Township Clerk's Office

## PUBLIC RECORDS REQUEST RESPONSE

TO: \_\_\_\_\_

- Document(s) provided: \_\_\_\_\_ pages at total cost of: \_\_\_\_\_
- Document(s) not provided (see below)

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, as noted below:

## Privileged or Protected Category

### Authority

- |   |   |
|---|---|
| <input type="checkbox"/> Autopsy Reports                                      | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Child abuse or sex assault victim name or address    | N.J.S.A. 2A:82-46b  |
| <input type="checkbox"/> Court records sealed                                 | Executive Order 69  |
| <input type="checkbox"/> Computer security information                        | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Criminal investigatory records                       | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Credit Card Numbers                                  | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Grand Jury testimony, information                    | Court Rule 3:6-7  |
| <input type="checkbox"/> Grievance information with public employer           | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Domestic Violence data                               | N.J.S.A. 2C:25-33   |
| <input type="checkbox"/> Driver's license numbers                             | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> DYFS information                                     | N.J.S.A. 9:6-8.10   |
| <input type="checkbox"/> Electronic Surveillance Materials                    | N.J.S.A. 2A:156A-19   |
| <input type="checkbox"/> Emergency or security information or procedures      | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Employee sexual harassment complaints                | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Fingerprint cards                                    | Executive Order 69  |
| <input type="checkbox"/> Inter-agency or intra-agency advisory communications | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Juvenile records                                     | N.J.S.A. 2A:4A-60   |
| <input type="checkbox"/> Labor Negotiation information, strategy or positions | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Medical Examiner Photographs                         | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Otherwise inappropriate material                     | Executive Order 69  |
| <input type="checkbox"/> Pension and personnel records                        | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Photographs  | N.J.S.A. 47:1A-1.1, et seq.; Executive Order 69   |
| <input type="checkbox"/> Pre-Sentence Investigations<br>Div. 1971)            | State v. DeGeorge, 113 NJ Super.542 (App.   |
| <input type="checkbox"/> Public Agency insurance communications               | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Safety of persons or public                          | N.J.S.A. 47:1A-1.1, et seq.; Executive Order 69   |
| <input type="checkbox"/> Security measures and surveillance techniques        | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Social Security Numbers                              | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Unlisted Telephone Numbers                           | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Victim locations (Domestic Violence)                 | N.J.S.A. 2C:25-26c  |
| <input type="checkbox"/> Victim records                                       | N.J.S.A. 47:1A-1.1, et seq.   |
| <input type="checkbox"/> Record has been destroyed/not retained pursuant to:  | Records Retention and Disposition Schedule<br>(NJ Dept. of State, Div. of Archives Mgmt.) |
| <input type="checkbox"/> Other  | _____   |

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Public Records Council or to the New Jersey Superior Court, as provided by N.J.S.A. 47:1A-6 and -7.

Date: \_\_\_\_\_

\_\_\_\_\_  
Freehold Township Clerk's Office

**ACKNOWLEDGMENT**

I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on this form as to the procedures for any appeal of the determination.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Freehold Township Clerk's office  
Information/Record Request Form

Requestor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Description of Record(s) Requested:

Request Forwarded to: (Department/s) \_\_\_\_\_

Date Received By: Signature/Department/s \_\_\_\_\_

\_\_\_\_ Unable to provide requested material

\_\_\_\_ Request Denied

Reason:

Date record(s) available: \_\_\_\_\_

Records provided by Department/Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Deposit required where anticipated cost of reproduction exceeds \$5.00 \_\_\_\_\_

**All checks payable to the Township of Freehold**

