

# Buena Vista Township Fire District No. 1

P.O. Box 356  
Richland, NJ 08350-0356

## Government Record Request Form

**INSTRUCTIONS:** To request a government document, complete this form and submit it to the Secretary of the Board of Fire Commissioners of Buena Vista Township Fire District No. 1. Only written requests can be honored. An advance deposit is required for copies if costs are greater than \$5.00. Routine costs are 75 cents per page for pages 1 through 10; 50 cents per page for pages 11 through 20; and 25 cents per page for all pages after 20. Additional special service charges may need to be applied for extraordinary additional reproduction costs. You have the right to approve of copying costs in advance.

**As a member of the public, you have the following rights when requesting government documents:**

- To obtain a government record within seven (7) business days of the request date, unless longer time is required for the Secretary to complete the request, pursuant to N.J.S.A. 47: 1-A et seq.
- If you are denied access to or copies of government record requested, you may challenge that decision by filing a complaint in the New Jersey Superior Court or Government Records Council.

**Requester Information:**

**Name:** \_\_\_\_\_  
*(Fire District not responsible if contact information is not provided, unless you reappear in person)*

**Address/Phone Number:** \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State Zip Code Telephone Number*

**Briefly provide a specific description of the government record(s) requested. Records will be provided in photocopy format:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To Be Completed by the Fire District Secretary and Approved by You in Advance of Copying:**

Number of pages in request \_\_\_\_\_ Cost of copying \$ \_\_\_\_\_ Advance deposit required \$ \_\_\_\_\_  
*(if requested anonymously)*  
Approve copying costs by placing your initials here: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE PRINT NAME DATE**

**FOR FIRE DISTRICT SECRETARY USE ONLY- DO NOT WRITE BELOW THIS LINE**

Record(s) request: \_\_\_ Approved \_\_\_ Denied  
Date record(s) will be made available: \_\_\_\_\_ Total pages: \_\_\_\_\_  
Deposit paid in advance: \$ \_\_\_\_\_ *(attach copy of check or money order)*  
Cost to requester: \$ \_\_\_\_\_ *(Checks are to be made payable to "Buena Vista Twp. Fire District No. 1")*  
If record(s) request denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**FIRE DISTRICT SECRETARY DATE**