

WEST MILFORD TOWNSHIP PUBLIC SCHOOL DISTRICT  
REQUEST FOR PUBLIC RECORDS  
(Pursuant to the Open Public Records Act)

Requested By: (Please Print) FRANK HANNAN

Address: 83 KRATZIGER COURT WEST MILFORD NJ 07486

Telephone (E-Mail, Fax Number): 973-208-1392

Signature: [Handwritten Signature] Date: 4/1/08

Clearly print a brief description of the record(s) requested below:  
(Please Circle)

- 1. View or Copy TOTAL NUMBER OF STUDENT FROM BALD EAGLE
- 2. View or Copy VILLAGE WHO ATTEND W/M SCHOOLS
- 3. View or Copy ( ALL I NEED IS A NUMBER, 40, 50... )
- 4. View or Copy \_\_\_\_\_

Copy Fees: Pages 1-10 - \$.75 each (\$7.50); Pages 11-20 - \$.50 each (\$5.00); Pages 21 & up - \$.25 each  
Audio Tape; Video Tape, CD, or DVD - Limited to the actual cost per unit

This form must be completed and presented to the Custodian of Records between the hours of 9:00 a.m. and 4:00 p.m., Monday - Friday when offices are normally open. The Custodian of Records will determine the fees for requested materials. A deposit may be required upon acceptance of this request. A request for records will receive a response as soon as possible but not later than 7 business days after receiving the request.

A person making a request of public records who is denied such access, may institute a proceeding to challenge the custodian's decision by filing an action in Superior Court; or in lieu of filing an action in Superior Court, file a complaint with the Government Records Council (GRC) established pursuant to Section 8 of P.L. 2001, c.404 (C.47:1A-7). The GRC may be reached by fax at (609) 633-6337 or by mail at PO Box 819, Trenton, NJ 08625. The GRC Website is [www.nj.gov/grc](http://www.nj.gov/grc)

**To be completed by Custodian of Records**

Date Request Received: 4/1/08 Time: 2:00 pm Received By: [Handwritten Signature]

A - Request Approved  
 D - Request Denied (If Request is denied, the reasons are stated below.)

- 1. Provided number of students # of Pages: \_\_\_\_\_ Copy Fees: \$ \_\_\_\_\_
- 2. by phone 24 7-12 # of Pages: \_\_\_\_\_ Copy Fees: \$ \_\_\_\_\_
- 3. 22 K-8 # of Pages: \_\_\_\_\_ Copy Fees: \$ \_\_\_\_\_
- 4. 1 K-8 private # of Pages: \_\_\_\_\_ Copy Fees: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_

Signature and Title of Custodian: \_\_\_\_\_ Date: \_\_\_\_\_