

Anonymous Requestor

July 31, 2007



Attn: Records Custodian
West Milford School District
46 Highlander Drive
West Milford, NJ 07480

Dear Sir or Madam:

Enclosed is my completed records request form and a one dollar bill to cover your costs.

My agent will visit your office on Monday, August 13, 2007 between 9 and 10 a.m. to retrieve the requested audiotape.

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

Requested By: (Please Print) Anonymous Requestor

Address: _____

Telephone (E-Mail, Fax Number): _____

Signature: _____ Date: _____

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

1. View or Copy Audiotape of 02/27/07 Board meeting
2. View or Copy _____
3. View or Copy _____
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

To be completed by Custodian of Records

Date Request Received: 8/1/07 Time: 11:00 am Received By: J. Charles

A - Request Approved

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

- | | | |
|----------|-------------------|---------------------|
| 1. _____ | # of Pages: _____ | Copy Fees: \$ _____ |
| 2. _____ | # of Pages: _____ | Copy Fees: \$ _____ |
| 3. _____ | # of Pages: _____ | Copy Fees: \$ _____ |
| 4. _____ | # of Pages: _____ | Copy Fees: \$ _____ |

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

Signature and Title of Custodian: _____

Date: _____