



Borough of South Toms River



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APPLICATION FOR RECORDS REQUEST

Name: _____

Address: _____

Day Phone: _____ Cell Phone # _____

E-Mail: _____ Fax # _____

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the document will not be jeopardized.

I WISH ACCESS TO THE FOLLOWING PUBLIC RECORDS:

COST OF COPIES: Letter \$.05, Legal \$.07 each page Signature of Applicant

Upon receipt of requested document: _____