



Township of Wall  
Township Clerk's Office  
2700 Allaire Road  
Wall, NJ 07719  
(732)449-8444 Ext. 2200

**Request for Public Records Form**

OPRA NO: \_\_\_\_\_

Please submit to Wall Clerk's Office at:

- opra@townshipofwall.com
- Fax to (732)449-8992

**Department OPRA Sent To:**

<input type="checkbox"/>	Building	<input type="checkbox"/>	Tax Assessor
<input type="checkbox"/>	Land Use	<input type="checkbox"/>	Finance/Admin
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Code
<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Enforcement
<input type="checkbox"/>	Refer MCRHC	<input type="checkbox"/>	Other

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street Town State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Under penalty of N.J.S.A. 2C:28-3, I certify that I  HAVE  HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other State or the United States. *(Please Check One)*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION REQUESTED**

Information on a Specific Property (permits, surveys, site maps, etc)

Street Address	Town	State	Zip	Block	Lot
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**\*\*Document Requested\*\* Please be specific!**

Copy of Minutes, Ordinance or resolution *(Specify Board/ Entity, date, topic, number or other identifying information)*

License Information *(Specify type of license, date or other identifying information)*

Other

The information requested will be ready on or before: \_\_\_\_/\_\_\_\_/\_\_\_\_ Municipal Official: \_\_\_\_\_

Estimated # of Pages \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Deposit *(required if anticipated cost of reproduction exceeds \$20.00)* \_\_\_\_\_  
 (Cost per page of photocopies: 8 1/2" x 11" letter size paper- \$0.05, 8 1/2"x 14" legal size paper- \$0.07)

**\*\*ACKNOWLEDGMENT OF DOCUMENTS RECEIVED\*\***

I hereby acknowledge that I have received the documents requested except for documents specifically listed below 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 the procedures for any appeal of the determination.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

These document(s) listed below are not being provided because the document(s) are not public record as provided by law for the following reasons: \_\_\_\_\_

You have the right to appeal the decision that the above document(s) are not public records. You may take your appeal to the Government Records Council or New Jersey Superior Court as provided by N.J.S.A. 47:1A-1 et seq. If your request has been denied, a statement of the procedures will be attached to this notice.

**Office Use Only**

Date Completed OPRA Provided to Applicant and Clerk \_\_\_\_/\_\_\_\_/\_\_\_\_ By Department: \_\_\_\_\_

Medium Provided Scanned/ E-mail  Fax  Review in Office