



ESSEX COUNTY PROSECUTOR'S OFFICE

50 West Market Street
Newark, New Jersey 07102

REQUEST FOR PUBLIC RECORDS

(N.J.S.A. 47:1A-1, et seq.)

A request for Public Records must be submitted to the above address, on this form which has been adopted by the Prosecutor of Essex County as the Custodian of Records. If your request is approved, it will take some time to compile the records and make the copies requested, but they will normally be available within seven business days pursuant to statute. If a document or copy which has been requested is not a public record pursuant to statute or if it cannot be provided within seven business days you will be provided with a response with that information within the seven business days. Fees for copying public records are established by statute as follows: first page to tenth page, \$0.75 per page; eleventh page to twentieth page, \$0.50 per page; all pages over twenty, \$0.25 per page. Pursuant to N.J.S.A. 47:1A-5c., this Office may impose reasonable special service charges necessary to accommodate your request. You will be notified of any special service charges before your request is processed.

The terms "public record" and "government record" in New Jersey do not include:

- Criminal investigatory records
- Victim's records
- Inter-agency or intra agency, advisory, consultative, or deliberative material
- Emergency or security information or procedures for buildings or facilities
- Administrative or technical information regarding computer hardware, software and networks which, if disclosed, would jeopardize computer security
- Information regarding labor-management negotiations including statements of strategy or negotiating position
- Pension and personnel records in possession of this Office

Name: _____

Address: _____

Telephone: _____

Information Requested:

The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other State or the United States is not seeking government records containing personal information pertaining to a victim or a victim's family.

Applicant's Signature

Date

Requests with estimated fees exceeding \$25 must be accompanied by a 50% deposit.

Pre-payment of a deposit for this request is required in the amount of: _____

Acknowledgment of deposit: _____
Essex County Prosecutor's Office Date

I agree to pay the balance upon production of the records: _____
Applicant's Signature Date