

NORTH ARLINGTON BOARD OF EDUCATION

222 Ridge Road
No. Arlington, NJ 07031

Telephone 201-991-6800, ext. 3064
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Kathleen McEwin-Marano
Board Secretary/Business Administrator

REQUEST FOR PUBLIC RECORDS

REQUESTER INFORMATION:

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Record request information:

To expedite your request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying, inspection, or examination) and if data, the medium requested:

Fees		Payment Method
8-1/2" x 11" Page	\$.05 each	_____ Cash
8-1/2" x 14" Page	\$.07 each	_____ Check
		_____ Money Order

Preferred Delivery: _____ Pickup _____ US Mail _____ On-site Inspection

Delivery: Delivery/postage fees will be additional depending upon type of delivery

Extras: Extraordinary service fees dependent upon request

All fees must be paid prior to receiving the requested documents.

Custodian of Records:

_____ Request Granted _____ Request Denied

Reason for denial: _____

(Signature of Requester)

Date

(Signature of Custodian)

Date