



67 Lewis Street
Rahway, NJ 07065
732-381-8778

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

(For Parking Authority Use Only)

Date Request Received: _____

Date Request Provided: _____

See Instructions Below

Name: _____

Address: _____

Telephone (day): _____

Information Requested:

Copy of Minutes (date, topic or other identifying information)

Copy of Resolution (specify date, number or other identifying information)

Other (specify) _____

Information on a specific property:

Street Address: _____

Block: _____

Lot No: _____

This form, when signed by the Parking Authority official shall constitute a receipt for any deposit received.

This information will be ready on _____ .

Estimated Number of pages: _____

Estimated cost: _____

Deposit Received: _____

(required when the anticipated cost of reproduction exceeds \$5.00)

Pages 1-10 \$0.75 each

Pages 11-20 \$0.50 each

Pages 21 + \$0.25 each

Applicant

Parking Authority Official

Date

Date