

# Middle-Brook Regional Health Commission

111 Greenbrook Road  
Green Brook, NJ 08812

732-968-5151 (phone), 732-968-5331 (fax)  
mbrhc@middlebrookhealth.org (e-mail)

## OPEN PUBLIC RECORDS ACT FORM (OPRA) GOVERNMENT RECORDS REQUEST FORM

**Important Notice: The reverse of this form contains important information related to your rights to request government records. Please read it carefully.**

**Requester Information: (Please Print - see reverse side for important information)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Preferred Delivery: Pick-up \_\_\_\_\_ US Mail \_\_\_\_\_

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I Have / I Have Not been convicted of any indictable offense under the laws of New Jersey or any other state or the US.

Signature: \_\_\_\_\_

**Payment Information:**

Maximum Authorized Cost  
\$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Fees: letter size \$.05 each

legal size \$.07 each

Delivery: Delivery/postage fees

additional depending upon req.

Extras: Extraordinary service

fees dependent upon request

**Record request information: (To expedite your request be as specific as possible in describing the records requested)**

### OFFICIAL USE ONLY

Estimated Document Cost \$ \_\_\_\_\_

Estimated Delivery Cost \$ \_\_\_\_\_

Estimated Extra Cost \$ \_\_\_\_\_

Total Estimated Cost \$ \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

Estimated Bal: \$ \_\_\_\_\_

Deposit Date: \_\_\_\_\_

**Disposition Notes:**

Custodian: if any part of request cannot be delivered in seven (7) days detail reasons here; attach additional notes if necessary.

In Progress – Open \_\_\_\_\_  
Denied – Closed \_\_\_\_\_  
Filled – Closed \_\_\_\_\_  
Partial – Closed \_\_\_\_\_

**Tracking Info:**

Tracking #: \_\_\_\_\_  
Rec'd Date: \_\_\_\_\_  
Ready Date: \_\_\_\_\_  
Total Pages: \_\_\_\_\_

**Finalized Cost:**

Total: \$ \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_  
Bal. Due: \$ \_\_\_\_\_  
Bal. Pd: \$ \_\_\_\_\_

\_\_\_\_\_  
CUSTODIAN OF RECORDS

\_\_\_\_\_  
DATE

**PUBLIC ACCESS TO GOVERNMENT RECORDS**  
**Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)**

1. The Open public Records Act (OPRA) requires that in order to request access to government records, you must complete all the required portions of, sign and date this form, and deliver it in person during regular business hours, or by mail, fax, or electronically to the appropriate custodian of the requested record(s). Your request is not considered filed until the appropriate custodian, of the requested record(s), has received a completed request form.
2. If you submit a request for access to government records to someone other than the appropriate records custodian, do not complete the required portions of the request form, or attempt to make a request for access by telephone, OPRA and its deadlines, restrictions and remedies will not apply to your request.
3. The fees for duplication of government records(s) in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. **Payment shall be made in cash, check or money order, payable to Middle-Brook Regional Health Commission.**
4. If it is necessary for the records custodian to contact you concerning your request, providing identifying information, such as your name, address, and telephone number or an e-mail address is required. Where contact is not necessary, anonymous requests are permitted. However, it is suggested that you provide such information in case the records custodian needs to clarify what information is being requested. Additionally, anonymous requests for personal information will not be honored.
5. **A 50% deposit must accompany requests with estimated fees exceeding \$25. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the record(s).**
6. Under OPRA, a custodian must deny access to a person who is convicted of an indictable offense in New Jersey, any other state, or the United States, who is seeking government record(s) containing personal information pertaining to the person's victim or the victim's family.
7. By law, the Middle-Brook Regional Health Commission must notify you that it grants or denies a request for access to government records within seven (7) business days after the custodian, of the requested record, receives the request, provided that the record(s) is/are currently available and not in storage or archived. If the requested record(s) is/are not currently available or is in storage or archived, the custodian will advise you within seven (7) business days when the record(s) can be made available and the estimated cost. You may agree with the custodian to extend the time for granting or denying your request, or for making the record(s) available.
8. You may be denied access to government record(s) if your request would substantially disrupt agency operations and the records custodian is unable to reach a reasonable solution with you.
9. If the Middle-Brook Regional Health Commission is unable to comply with your request for access to a government record(s), the records custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the custodian of the requested record fails to respond to you within seven (7) business days of receiving a written, signed request form, the failure to respond will be considered a denial of your request.
11. If your request for access to government record(s) has been denied or unfilled within the time permitted by law, you have a right to challenge the decision of the Middle-Brook Regional Health Commission to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by telephone at 866.850.0511, by mail at P.O. Box 819, Trenton, NJ 08625-0819, by e-mail at [grc@dca.state.nj.us](mailto:grc@dca.state.nj.us), or at the GRC's web site is [www.nj.gov/grc/](http://www.nj.gov/grc/).
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.