

**KENNETH R. HAMPTON**

**Board Counsel**

**BAYONNE BOARD OF EDUCATION**

**669 Avenue A**

**Bayonne, NJ 07002**

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**(201) 858-5841**

**FAX NO. (201) 858-5599**

**My File No. 08-OPRA Form**

February 7, 2008

**RE: OPRA Form**

In response to your request for records I am enclosing a Government Records Request Form which you will need to complete and return to me to be directed to the proper person for evaluation and response.

If there are any questions, please contact me.

Very truly yours,

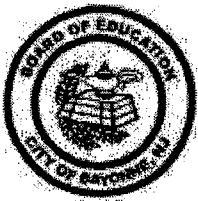


**KENNETH R. HAMPTON**

**Enclosure**

Patricia L. McGeehan, Ed.D., Superintendent  
Clifford G. Doll, School Business Administrator  
William Lawson, President Bayonne Board of Education  
Gary Maita, D.M.D., Board Secretary  
File

1. This form should only be used to submit records requests to the ***Bayonne Board of Education***.
2. In order to request access to government records under OPRA, you must complete all the required portions of and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any other officer or employee of the ***Bayonne Board of Education***, that officer or employee may not have the authority to accept your request form on behalf of the ***Bayonne Board of Education*** and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.
3. If you submit a request for access to government records to someone other than the appropriate custodian, do not complete the ***Bayonne Board of Education*** request form, or attempt to make a request for access by telephone or fax; the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request.
4. The fees for duplication of a government record 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 by check or money order payable to the ***Bayonne Board of Education***.
5. 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; except that anonymous requests for personal information are not honored.
6. ***You may be charged a 50% or other deposit when a request for copies exceeds \$25.*** The ***Bayonne Board of Education*** custodian will contact you and advise you of any deposit requirements. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the records.
7. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family.
8. By law, the ***Bayonne Board of Education*** must notify you that it grants or denies a request for access to government records within seven business days after the custodian of the record requested receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the custodian to extend the time for making records available, or granting or denying your request.
9. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
10. If the ***Bayonne Board of Education*** is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
11. Except as otherwise provided by law or by agreement with the requester, if the custodian of the record requested fails to respond to you within seven business days of receiving a request form, the failure to respond will be considered a denial of your request.
12. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the ***Bayonne Board of Education*** 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 toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at [grc@dca.state.nj.us](mailto:grc@dca.state.nj.us), or at their web site at [www.state.nj.us/grc](http://www.state.nj.us/grc). The Council can also answer other questions about the law.
13. Information provided on this form may be subject to disclosure under the Open Public Records Act.



**State of New Jersey  
BAYONNE BOARD OF EDUCATION  
GOVERNMENT RECORDS REQUEST FORM**

669 Avenue A ~ Bayonne, New Jersey 07002  
Phone: 201-858-5801  
Fax: 201-858-5599



**Important Notice**

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

**Requestor Information – Please Print**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Business Hours Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_  
 Preferred Delivery: Pick Up \_\_\_\_\_ US Mail \_\_\_\_\_ On Site Inspect \_\_\_\_\_  
**Circle One:** 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.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Maximum Authorization Cost \$ \_\_\_\_\_  
 Select Payment Method  
 Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_  
 Fees: Pages 1-10 @\$0.75  
 Pages 11-20 @\$0.50  
 Pages 21 - @\$0.25  
 Delivery: Delivery / postage fees additional depending upon delivery type.  
 Extras: Extraordinary service fees dependent upon request.

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

*(This area is intentionally left blank for the requestor to provide details.)*

**AGENCY USE ONLY**

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Est. Document Cost \_\_\_\_\_  
 Est. Delivery Cost \_\_\_\_\_  
 Est. Extras Cost \_\_\_\_\_  
 Total Est. Cost \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_  
 Estimated Balance \_\_\_\_\_  
 Deposit Date \_\_\_\_\_

**Disposition Notes**  
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

<b>Tracking Information</b>		<b>Final Cost</b>	
Tracking # _____	Total _____	Deposit _____	
Rec'd Date _____		Balance Due _____	
Ready Date _____		Balance Paid _____	
Total Pages _____			
<b>Records Provided</b>			
Custodian Signature _____		Date _____	