

**Atlantic County Improvement Authority  
1333 Atlantic Avenue, Suite 700  
Atlantic City, NJ 08401  
609-343-2390  
609-343-2188 (fax)**

**Request for Access to Authority Records**

**NOTE:** In order to request access to government records under the Open Public Records Act, you must complete all of the required sections, and date this request form and deliver by mail, fax, email ([lamey\\_john@aclink.org](mailto:lamey_john@aclink.org)) or in person. Requests that are mailed or hand-delivered should be addressed to the Atlantic County Improvement Authority, 1333 Atlantic Avenue, Suite 700, Atlantic City, NJ 08401, John Lamey, Executive Director between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding holidays. This request will not be considered filed until the custodian of record has received the completed request form. The seven business day response time will not commence until the custodian reviews the request to determine if it is complete. You may be charged a 50% or other deposit when a request for copies exceeds \$25.00.

**Requests must be in writing.** Verbal requests will not be honored.

Fee schedule for copies is as follows:  
\$0.05 per letter size page or smaller  
\$0.07 per legal size page or larger

---

**Requester Information - PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Telephone # \_\_\_\_\_  
Preferred Delivery: Pick Up Copies \_\_\_\_\_ On Site Inspection \_\_\_\_\_  
e-mail to: \_\_\_\_\_

**Information Requested:**

**Minutes** (Please specify each meeting date requested): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolutions:** (please specify each resolution requested by date and attachment number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information (Please specify each report, record requested)** \_\_\_\_\_

---

---

---

---

---

**Other (Please provide detail of the information requested)** \_\_\_\_\_

---

---

---

---

---

### **Applicant's Acknowledgement:**

By signature below I acknowledge the Custodian of Records will determine if the requested information is subject to public access under the law. I understand that in certain circumstances the Custodian of Record may be obligated to redact or remove certain information from a record because of legal restrictions upon public access to such information. I agree to submit payment (check or money order) for copies of any information as outlined on the previous page at the time the copies are made available.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

#### **AUTHORITY USE ONLY**

##### **Section 1 - Reason(s) for Denial of Request for Access to Government Records:**

---

---

---

---

---

##### **Section 2 - Payment Information**

Total Cost of Copies \$ \_\_\_\_\_  
Check or Money Order # \_\_\_\_\_  
Payment Received Date \_\_\_\_\_

##### **Section 3 - Custodian Authorization:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)