



**TOWNSHIP OF WEST ORANGE
OFFICE OF THE MUNICIPAL CLERK
66 MAIN STREET,
WEST ORANGE, N.J. 07052**



Tel: (973) 325-4155

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REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Requestor Information – Please Print

First Name Joe MI _____ Last Name Krakoviak
 Company _____
 Mailing Address 20 Grand View Ave
 City West Orange State NJ Zip 07052 Phone 201.452.7619
 Email _____
 Preferred Delivery: Pick Up US Mail On-Site Inspection
 Under penalty of NJSA 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of the State of New Jersey, or any other state, or the United States.
 Signature *Joe Krakoviak* Date Sept 2, 2010

Payment Information

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

Record Request Information: To expedite your request, be as specific as possible in describing the government record(s) you are requesting. Please include the type of access requested (copying or inspection). If data, please specify the medium requested.

Please provide all documents related to the proposed capital improvement project to upgrade the futsal court and build a skateboard park at Colgate Field, including design and construction plans, cost estimates, bid specifications being considered or already decided upon, debt service schedule, facility name and ongoing maintenance needs/schedule. If the town or any of its employees or contractors has conducted a cost-benefit analysis, developed demand/usage projections, conducted research into how other municipalities have handled similar projects, or obtained advice and input from consultants, please provide that. Please also include documents relating to the potential impact of the project/facility on the town's liability insurance in the event of injuries suffered by users or any materials relating to injury experience at similar facilities. Also, please provide documents relating to any planned supervision of the facility or safety/usage rules relating to the facility.

OPRA 2010-11-0902-WO

Township Use Only		Township Use Only		Township Use Only	
Estimated Document Cost _____		Disposition Notes Custodian: If any part of this request cannot be delivered in seven business days, detail the reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Tracking Information		Final Cost
Estimated Delivery Cost _____			Tracking # _____	Total	_____
Estimated Extra Cost _____			Received Date _____	Deposit	_____
Total Estimated Cost _____			Ready Date _____	Balance Due	_____
Deposit Amount _____			Total Pages _____	Balance Paid	_____
Estimated Balance Due _____			Records Provided		
Deposit Date _____		Custodian Signature _____		Date _____	