

**NEWBERRY TOWNSHIP MUNICIPAL AUTHORITY
REQUEST FOR ACCESS TO PUBLIC RECORDS**

1. Date Requested: _____

2. Name of Requester: _____

3. Address: _____

4. Telephone Number: _____

5. How Requested: Mail: _____ E-mail: _____ Fax: _____ In-Person: _____

6. I request the following records (the records must be identified in sufficient detail to allow NTMA staff to identify and locate them): _____

7. I wish to have the records forwarded to me in the following manner:

_____ I will pick them up. Contact me at the following telephone number:

_____ Please mail them to me at the above address, or (if different) at:

_____ Please mail them to the following person and address:

_____ Please fax or e-mail them to me at:

_____ I will inspect the records

6. I prefer the records in the following format (this request will be honored only if the records are kept by the Authority in the format requested):

_____ Photocopies

_____ Facsimile

7. I certify that I will pay the costs of duplicating the public records pursuant to the schedule of fees established by the Authority's Resolution #08-08 and any amendments thereto within fifteen (15) days of the mailing of such records and invoice, unless alternative arrangements are made with the Authority.

Signature of Requester: _____

DATE REQUEST RECEIVED BY NTMA: _____

NTMA RESPONSE DUE DATE: _____ INITIALS OF STAFF MEMBER: _____

COSTS: Copies: _____ Postage: _____ Disk: _____ Fax: _____

TOTAL COST: _____

DATE INFORMATION: Picked up: _____ Faxed: _____ Mailed: _____ E-mailed: _____