

**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: \_\_\_\_\_

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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: \_\_\_\_\_