

**New Jersey Health Care Facilities Financing Authority ("NJHCFFA")
Request for Government Record**

INSTRUCTIONS FOR REQUESTING GOVERNMENT RECORDS

A request for access to a government record shall be in writing and hand-delivered, mailed, transmitted electronically or otherwise conveyed to NJHCFFA using this form. Access to the government record(s) will be granted or denied no later than seven business days after receipt of the request provided that the government record(s) is currently available and not in storage or archived and the record consists of a total of 100 or fewer pages. If the record is in storage or archived or exceeds 100 pages, NJHCFFA will advise the requestor within seven business days of the request as to when the record can be made available. If the record is not made available by that time, access will be deemed denied.

If NJHCFFA asserts that part of a particular record is exempt from public access pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) as amended and supplemented, NJHCFFA will delete or excise that portion which is exempt and permit access to the remainder of the record. NJHCFFA will indicate the reason for denial in the designated area below and return a copy of the form to you. The requestor may challenge the decision by filing a complaint with the Government Records Council in the Department of Community Affairs or by filing an action in Superior Court.

The fee schedule for duplication of a government record is \$0.75 per page for pages 1 through 10; \$0.50 per page for pages 11 through 20; and \$0.25 per page for each page over 20. In general, payment is due upon receipt of document(s). However, if the request is anonymous and the information requested will cost in excess of \$5 to reproduce, a 50% deposit will be required. An unsigned request will be considered an anonymous request. Therefore, requests must be signed and mailed, delivered, or faxed to the NJHCFFA or be accompanied by payment as described herein. Under some circumstances, duplication charges may exceed those described herein, in accordance with P.L.1963, c.73 (C.47:1A-1 et seq.) as amended and supplemented.

Name: _____	Date: _____
Address: _____	Phone: _____
City, State, Zip: _____	Fax: _____
	E-mail: _____
Provide brief description of requested Government Record:	_____

Signature of Requestor: _____	Date: _____

TO BE COMPLETED BY NJHCFFA

Government Record to be provided:	_____

Date of Availability: _____	Copying Cost: _____
	Delivery Charge: _____
Signature of NJHCFFA	Date: _____
Custodian of the Record:	

TO BE COMPLETED BY NJHCFFA IF REQUEST IS DENIED IN WHOLE OR IN PART

Reason for Denial:	_____

Signature of NJHCFFA	Date: _____
Custodian of the Record:	