

PUBLIC RECORDS REQUEST FORM

Montclair State University
Office of University Counsel
& ROH + DOO 5 RRP
MONTCLAIR, NEW JERSEY 07043

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FDPSRVQ#PRQWFODLU HGX

SECTION I - REQUESTOR INFORMATION: (See Note Below) - Please PRINT all information

Name

SEC. A - TRACKING FULFILLMENT INFORMATION : Tracking # _____ Division Code _____ Request RecOrd _____ # Total Pages _____	SEC. B - DOCUMENTS PROVIDED ID #: _____ _____ _____ _____
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SEC. C - DISPOSITION FOR REQUEST:
 Custodian: If any part of the request is denied or cannot be filled within 7 business days, detail reasons here

SEC. D DISPOSITION DETAIL: r Filled r Denied r Partially Filled r Partially Denied Custodian: _____	Sec. E. - CHARGES	Estimated	Actual
		Photocopies	
		Rate per copy	
		Hours	
		Hourly rate	
		Delivery	
		Total charges	
		Deposit	
		Due upon completion	