



PASSAIC COUNTY BOARD OF SOCIAL SERVICES
APPLICATION FORM

80 Hamilton Street
Paterson, New Jersey 07505
(973) 881-0100-Office
(973) 881-3233- Fax
tmelo@pcbss.org
acarter@pcbss.org

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

Name:

Date:

Organization (If Applicable):

Mailing Address:

City, State, Zip Code

Home/Business Phone:

Email:

REQUEST MADE VIA: Office Visit Correspondence Fax

Description of Public Records:

(Please be specific in your request, including dates and attach additional pages hereto if necessary)

Inspect/ View in person documents, only, (must be during normal business hours)

Prepare Photocopies of all requested document for associated fee:

Send Responses via Email:

() Copy of Minutes (must specify date)

() copy of Resolution (must specify date, topic and or other identifying information)

() Other (set forth with specificity including date(s)).

Select payment method:
() Cash() check() Money Order

SIGNATURE:

** If you are requesting records containing personal information please circle the one that applies: Under penalty of law, I hereby certify that I have/ have not, been convicted of an indictable offense under the laws of New Jersey or any state of the United States Federal Government.

SIGNATURE: _____ DATE: _____

Agency use:

Denied: Date _____
Reason for denial:

Fees:

Delivery:

Extra: Special Charges:

Date: Initials_____