



Application No. \_\_\_\_\_

**PARKING AUTHORITY OF THE CITY OF NEWARK**

**APPLICATION FORM FOR ACCESS TO GOVERNMENT RECORDS**

Office of the Executive Director  
50 Park Place, Suite 919, Newark, New Jersey 07102  
Attn.: Phil G. George, Esq. Custodian of Records  
(973) 623-6335 Telephone (973) 623-2854 Facsimile

**Part I REQUESTOR'S INFORMATION**

**PAYMENT INFORMATION**

Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
\_\_\_\_\_  
Organization (if applicable)  
\_\_\_\_\_  
(Mailing Address)  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_

Cash (if Under \$5.00) Cert. Check Money Order

Fees: \$0.05 per page @ \_\_\_\_\_  
Letter Size  
\$0.07 per page @ \_\_\_\_\_  
Legal Size

Deposit \$ \_\_\_\_\_  
(May be required where the anticipated  
cost of reproduction exceeds \$5.00)

**Please note that a reproduced document will not be  
delivered unless the appropriate fee is paid**

**Request Made Via:**  
Office visit ( ) Correspondence ( ) Fax ( )  
Electronically ( ) Telephone ( )

**Circle One:** Under penalty of N.J.S.A. 2C:28-3, have you been  
convicted of any indictable offense under the laws of New Jersey or  
any other State of the United States? YES NO  
If your answer is YES, you must comply with N.J.S.A. 47A-2.2

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**PART II \*DESCRIPTION OF GOVERNMENT RECORD (S)**

**TO EXPEDITE YOUR REQUEST BE AS SPECIFIC AS POSSIBLE:**

Name \_\_\_\_\_ ALIAS NAMES \_\_\_\_\_  
Type Of Report \_\_\_\_\_  
Date of Incident \_\_\_\_\_ Ticket # (If Applicable) \_\_\_\_\_  
Location \_\_\_\_\_  
Officer Identification \_\_\_\_\_  
Other Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**\*Notice to Requestor: Application is pursuant to N.J.S.A. 47:1A *et seq.* Copies of said law are available upon request.**