



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.: Chigozie U. Onyema, Esq., Custodian of Records
(973) 623-6335 Telephone (973) 623-2854 Facsimile

Part I REQUESTOR'S INFORMATION

PAYMENT INFORMATION

Date: _____

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

Full Name: _____

Fees: \$0.05 per page @ _____

Letter Size

\$0.07 per page @ _____

Legal Size

Organization (if applicable) _____

Deposit \$ _____

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

(Mailing Address) _____

City _____ State _____ ZIP _____

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

Home/Business Phone _____

Fax Number _____

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 _____

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