

**BEACH HAVEN BOARD OF EDUCATION  
OPEN PUBLIC RECORDS ACT REQUEST FORM  
8<sup>TH</sup> STREET & BEACH AVENUE  
BEACH HAVEN, NJ 08008**

**Steve Terhune, Custodian of Records**

**Requestor Information – Please Print**

First Name _____ MI _____ Last Name _____
E-mail Address _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____
<b>If you are requesting records containing personal information, please circle one:</b> Under penalty of <u>N.J.S.A. 2C:28-3</u> , I certify that I <b>HAVE / HAVE NOT</b> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date _____

**Payment Information**

Maximum Authorization Cost \$ _____
Select Payment Method
Cash    Check    Money Order
Fees: Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

**Record Request Information:** Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.