



SUPERINTENDENT OF ELECTIONS
OPEN PUBLIC RECORDS ACT REQUEST FORM
50 RANOCAS ROAD, 2nd Floor
MOUNT HOLLY, NJ 08060
609 265-5111 & FAX 609 265-5990
SOE@co.burlington.nj.us



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name TYLER MI M Last Name NEHER
E-mail Address TYLER@NEHERDATA.COM
Mailing Address 106 SECRETARIAT CT
City TINTON FALLS State NJ Zip 07724
Telephone 732-614-3717 FAX 732-338-7791
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 12-OCT-2023

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
Other materials (CD, DVD, \$0.50 ea.) – actual cost of material
Labels - \$0.01 per label
Poll Books - \$5.00 ea.
Delivery Delivery / postage fees additional depending upon delivery type.

Record Request Information: Please be as specific as possible in describing the records being requested and include the intended use of the data. 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.

I AM REQUESTING THE MOST RECENTLY AVAILABLE BURLINGTON COUNTY VOTE-BY-MAIL LIST IN THE FORM OF A .CSV OR .XLSX FILE EMAILED TO ME AT TYLER@NEHERDATA.COM

<u>MUNICIPALITY</u>	<u>NAME</u>	<u>WARD</u>	<u>DISTRICT</u>	<u>PARTY</u>	<u>ORDER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AUTHORIZING COUNTY OFFICIAL:

SIGNATURE:

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	<table style="width: 100%;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <tr> <td>Tracking # _____</td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date _____</td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date _____</td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages _____</td> <td>Balance Paid _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Records Provided</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">_____ Customer Signature</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">_____ Custodian Signature</td> <td style="text-align: center;">_____ Date</td> </tr> </table>	Tracking Information	Final Cost	Tracking # _____	Total _____	Rec'd Date _____	Deposit _____	Ready Date _____	Balance Due _____	Total Pages _____	Balance Paid _____	Records Provided				_____ Customer Signature	_____ Date	_____ Custodian Signature	_____ Date
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Total Pages _____	Balance Paid _____																			
Records Provided																				
_____ Customer Signature	_____ Date																			
_____ Custodian Signature	_____ Date																			

GENERAL REQUIREMENTS:

1. NJSA 19:31-18.1C directs that information from the Voter Registration file MAY NOT be used for commercial solicitation.
2. All required information (* at B. below) MUST be provided or the request will be returned to you as incomplete. Non-compliance with the procedure at B.6 below will delay processing.
3. This request can be paid in cash or by check (see below). Make checks payable to the **Burlington County Treasurer**. Full payment is required prior to the release of any material.
4. All material will be held for five (5) working days after notification that it is available for pickup.
5. Non-payment for services performed, even if the items requested are not picked up, will result in termination of future services.
6. Requests for listings & labels must be approved by the County Clerk's office or Superintendent of Elections office. Requests for cd's must be approved by the Superintendent of Elections office.
7. Mixed media requests are not allowed. For instance, a request for labels and listings must be on two (2) separate forms.
8. If programming attention is required to fulfill the request, you will be contacted with an estimated cost. With your authorization to proceed, an appropriate charge for personnel time will be made.

HOW TO FILL OUT THIS FORM:

- * 1. Full name, address, and telephone number.
- * 2. Select type of Information Service you are requesting. If you have any questions, please call (609)702-7037.
- * 3. Every attempt will be made to respond to the requested pickup date, however, you should use this date as an approximation. If no date is specified, the request will be processed as soon as possible and notification will be made by phone that the request is completed and ready.
- 4. Examples of intended use are; **Election Information, Surveys, Campaign Literature**. A vague or incomplete description is sufficient cause to deny this request.
- * 5. Provide applicable information to insure correct processing of your request. Sign and date the request.
- * 6. Submit the completed form to Superintendent of Elections office at 50 Rancocas Road, 2nd Floor PO Box 6000, Mt. Holly NJ 08060 in accordance with A.6 above.

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.
2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the **County of Burlington**, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.
3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the **County of Burlington**.
5. ***You may be charged a 50% or other deposit when a request for copies exceeds \$25.*** The **County of Burlington** custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of \$5.00 require a deposit of 100% of estimated fees.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.
7. By law, the **County of Burlington** must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the **County of Burlington** is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form or other written correspondence and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the agency custodian of records fails to respond to you within seven (7) business days of receiving a request, the failure to respond is a deemed denial of your request.
11. If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the **County of Burlington** to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.