

**TOWN OF CLINTON POLICE DEPARTMENT
REQUEST FOR RECORDS**

(note: anonymous requests will **not** be granted)

NAME _____ D.O.B.: _____ Payment information:

ADDRESS:(must be a resident of the State of New Jersey), _____ Fees: Pages 1-10 \$.75 per page

_____ Pages 11-20 \$.50 per page

PHONE NUMBER: _____ FAX: _____ Pages 21- ... \$.25 per page

RECORDS THAT ARE BEING REQUESTED(be VERY specific): _____ Select Payment Method:

_____ Check _____ Money Order _____

_____ Checks and Money Order to be made out
to: **TOWN OF CLINTON**

REASON FOR REQUEST: _____ Payment must be made at time of
retrieval

_____ An extra fee may be imposed under
extraordinary circumstances

HAVE YOU EVER BEEN CONVICTED OF AN INDICTABLE OFFENSE?: _____

IF SO, PLEASE LIST THE COUNTY/STATE, OFFENSE, SENTENCE, AND DATE: _____

_____ I certify that have not been convicted of any indictable offense:

Signature: _____ Date: _____

This form will be mailed and/or faxed back to you within seven business days advising whether your request has been granted or denied.

Inspection of records is by appointment only. Appointments may be made by calling (908) 735-8611 and requesting to leave a message to speak with the Chief of Police/Custodian of Records.

_____ APPROVED: _____ Appointment to retrieve records may be made by calling (908) 735-2665 and requesting to leave a message to speak with the Chief of Police/Custodian of Records, If a record is archived or otherwise unavailable, requestor will be notified.

FEE (Subject to change under certain circumstances): _____

DENIED: _____

REASON FOR DENIAL: _____

_____ Date: _____

Richard B. Matheis, Chief of Police