



Township of Parsippany-Troy Hills

3339 Route 46 Parsippany, New Jersey 07054

REQUEST FOR PUBLIC RECORDS

(N.J.S.A. 47AA-1, et seq.)

A request for Public Records must be submitted to the above address, on this form which has been adopted by the Township of Parsippany-Troy Hills. The completed form must be submitted to the Custodian of Records of the Parsippany Police Department. If your request is approved, it will take some time to compile the records and make the copies requested, but they will normally be available within seven business days pursuant to statute. If a document or copy which has been requested is not a public record pursuant to statute or if it cannot be provided within seven business days, you will be provided with a response with that information within the seven business days.

Fees for copying Police Records established by Ordinance # 02:36 are as follows:

In person: pages 1-10 @ .75 cents per page, 11-20 @ .50 cents per page, 21+ @ .25 cents each.

Mailed: up to 3 pages @ \$5.00 (total) and \$1.00 for each additional page.

Pursuant to N.J.S.A. 47:1A-5c., this office may impose a reasonable special service charge if the nature, format, manner of collation, or volume of a government record is such that it cannot be reproduced by ordinary document copying equipment in ordinary business size or involves an extraordinary expenditure of time and effort to accommodate your request.

The terms "Public record" and "government record" in New Jersey do not include:

- o Criminal investigatory records
- o Victim's records
- o Inter-agency or intra-agency advisory, consultative, or deliberative material
- o Emergency or security information or procedures for buildings or facilities
- o Administrative or technical information regarding computer hardware, software and networks which, if disclosed, would jeopardize computer security
- o Information regarding labor-management negotiations including statements of strategy or negotiating position

Name: _____

Address: _____

Telephone: _____

Information Requested:

The applicant hereby certifies that he or she has not been convicted of any indictable offenses under the laws of this State, any other State or the United States and is not seeking government records containing personal information pertaining to a victim or a victim's family.

Prepayment of a deposit for this request is required in the amount of \$ _____

This completed form, when signed by a Parsippany Police Dept. Records Clerk, shall constitute a receipt for the deposit made by the applicant

Applicant's Signature

Date:

Parsippany Police Records Office

Date:



Township of Parsippany-Troy Hills

PUBLIC RECORDS REQUEST RESPONSE

TO: _____

- Document(s) provided: _____ pages at total cost of _____
- Document(s) not provided (see below) -

The document or documents listed below and requested by you are not being provided because the document or documents are not public records as provided by law, as noted below:

Privileged or Protected Category

Authority

<input type="checkbox"/>	Autopsy Reports	N.J.S.A. 47: IA-1. 1, et seq.
<input type="checkbox"/>	Child abuse or sex assault victim name or address	N.J.S.A. 2A:82-46b
<input type="checkbox"/>	Court records sealed	Executive Order 69
<input type="checkbox"/>	Computer security information	N.J.S.A. 47: IA- 1. 1, et seq.
<input type="checkbox"/>	Criminal investigatory records	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Credit Card Numbers	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Grand Jury testimony, information	Court Rule 3 - 6-7
<input type="checkbox"/>	Grievance information with public employer	N.J.S.A. 47: IA- 1. 1, et seq.
<input type="checkbox"/>	Domestic Violence data'	N.J.S.A. 2C:25-33
<input type="checkbox"/>	Drivers' license numbers	<u>N.J.S.A.</u> 47: IA-1. 1, et seq.
<input type="checkbox"/>	DYFS information	N.J.S.A. 9:6-8. 1 0
<input type="checkbox"/>	Electronic Surveillance Materials	<u>N.J.S.A.</u> 2A:156A-19
<input type="checkbox"/>	Emergency or security information or procedures	N.J.S.A. 47: 1A- 1. 1, et seq.
<input type="checkbox"/>	Employee sexual harassment complaints	N.J.S.A. 47: IA- 1. 1, et seq.
<input type="checkbox"/>	Fingerprint cards	Executive Order 69
<input type="checkbox"/>	Inter-agency or intra-agency advisory communications	N.J.S.A. 47: IA- 1. 1, et seq.
<input type="checkbox"/>	Juvenile Records	N.J.S.A. 2AAA-60
<input type="checkbox"/>	Labor Negotiation information, strategy or positions	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Medical Examiner Photographs	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Otherwise inappropriate material	Executive Order 69
<input type="checkbox"/>	Pension and personnel records	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Photographs	N.J.S.A. 47: IA-1. 1, et seq; Exec. Order 69
<input type="checkbox"/>	Pre Sentence Investigations	State v. DeGeorge, 113 NJ Super.542 (App.Div. 1971)
<input type="checkbox"/>	Public Agency insurance communications	N.J.S.A. 47: IA- 1. 1, et seq.
<input type="checkbox"/>	Safety of persons or public	N.J.S.A. 47: IA-1. 1, et seq; Exec. Order 69
<input type="checkbox"/>	Security measures and surveillance techniques	N.J.S.A. 47AA-1.1, et seq.
<input type="checkbox"/>	Social Security Numbers	N.J.S.A. 47:IA-1.1, et seq.
<input type="checkbox"/>	Unlisted Telephone Numbers	N.J.S.A. 47: IA-1. 1, et seq.
<input type="checkbox"/>	Victim location (Domestic Violence)	N.J.S.A. 2C:25-26c.
<input type="checkbox"/>	Victim records	N.J.S.A. 47: IA- 1. 1, et seq
<input type="checkbox"/>	Record has been destroyed/not retained pursuant to:	Records Retention and Disposition Schedule (NJ Dept. of State, Div. of Archives Mgmt.)

Other _____

You have a right to appeal the decision that the document or documents are not public records. You may take your appeal to the Public Records Council or to the New Jersey Superior Court as provided by N.J.S.A. 47: IA-6 and -7.

Date: _____

Parsippany Police Records Office

ACKNOWLEDGMENT

I hereby acknowledge that I have received the documents requested except for any documents specifically listed above on which a determination has been made that the documents will not be provided. If any documents have not been provided, I have received information on this form as to the procedures for any appeal of the determination.

Date: _____

Applicant's Signature :