

CINDY A. CRIVARO
MUNICIPAL CLERK

PATRICIA E. TOCCI
DEPUTY MUNICIPAL CLERK

REQUEST FOR GOVERNMENT RECORDS

Date of Request: _____

1. Received from: _____
(Name)

(Address)

2. Telephone No.: _____ Home _____ Work _____

3. Document / Information Requested: _____

For Office Use

Rec'd by: _____
Date given: _____
Given by: _____
Copier Fee: _____

Telephone (609)-386-0200 x101 & x102
Fax (609)-733-1051
www.burlingtonNJ.us