



2 Cedar Street
Newark, New Jersey 07102

NOTICE OF REQUEST TO AUDIO OR VIDEO RECORD
SCHOOL ADVISORY BOARD MEETINGS

Date: _____

Full name and address of organization: _____

Name of contact person: _____

Telephone number of contact person: _____

Date of meeting you are requesting to video and/or audio record: _____

Location of meeting: _____

Type of equipment that will be used (including how many cameras, lights, etc.): _____

Number of person(s) attending meeting (include names): _____

Pursuant to the District's Policy "Any member of the public wishing to audio or video record a meeting of the advisory board shall give notice to the Chief of Staff prior to the meeting to be recorded."

FORM MUST BE FAXED OR E-MAILED AS FOLLOWS:

Fax to (973) 733-8771

Email to klombardini@nps.k12.nj.us