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LACEY TOWNSHIP
MUNICIPAL CLERK

TOWNSHIP OF LACEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

818 West Lacey Road, Forked River, NJ 08731
1-609-693-1100, ext. 2200 / Fax: 1-609-693-0526
laceyclerk@laceytownship.org
Veronica Laureigh -- Municipal Clerk

LOG# 620

Date Due: 11-20

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 Linda MI A Last Name Trustan

E-mail Address lindaaagaga@gmail.com

Mailing Address 910 Dover chase blvd

City Toms River State NJ Zip 08755

Telephone 9083095750 FAX

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 _____ Date 11/2/18

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, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. 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.

This request is for 917 Clairmore Ave Lanoka Harbor NJ 08734

Copy of substantially damaged structure determination report (if applicable)

Copy of wether township requires home to be elevated

Copy of any and all reports of damage equaling or over exceeding 50% of the home value (from flooding during hurricane Sandy)

Bldg

$35 35

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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 _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

NO SUBSTANTIAL DAMAGE DETERMINATION

TOWN DOES NOT MAKE ELEVATION DETERMINATION

DONE 11/15/18

Custodian Signature Date