TOWNSHIP OF LACEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

LOG# 683

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

Date Due: 1-5

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 Laura MI ____ Last Name Alfieri

E-mail Address LTDclosing@gmail.com

Mailing Address RE/MAX, 2101 Hwy 34, Suite B

City Wall State NJ Zip 07719

Telephone 732-410-7100 FAX 732-410-7099

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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 12/26/18

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.

Please provide a full report of any open and closed permits on 1525 Claire Road, Forked River, NJ 08721.

√Bldg
√Zoning

Block # 1228
Lot # 23

Please email any documents to LTDclosing@gmail.com
If any documents can not be emailed and must be mailed, please contact me with regards to the cost before printing/mailing any documents.

Thank you.

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 12-26
Ready Date 1-3
Total Pages 5

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

I emailed this.
LMD
1-3-19

Custodian Signature ____ Date ____

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Ready Date _____
Total Pages _____

Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Build 1942
4708 1972 GARAGE
6253 1975 CLOSE IN EXISTING PORCH
95-876 WATER LINE
SEE ATTACHED 1/3/19 SC

Custodian Signature Date

Permits

(All Data, Block/Lot = '1228 23

Permit Number	Permit Issue Date	Location Address	Block	Lot	Application Date	Application Status	Close Date	Used		Work Type	Description Comments	Date Created	A
20041464	11/01/2004	1525 CLAIR ROAD	1228	23	11/01/2004	CA and Close Date Issued	11/22/2004	B	False	Alteration	Roofing	01/31/2018	RAN

Grand Totals

Date Printed: 1/3/2019

' - 1 records)

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Deposit ____
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Balance Paid ____

Records Provided

NONE
1/3/19 SS

Custodian Signature ____ Date ____