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# 635

Date Due: 12-6

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 ROE MI ____ Last Name MORSI

E-mail Address ROE.morsi@cbmoves.com

Mailing Address 998 Holmdel Rd

City Holmdel State NJ Zip 07733

Telephone 609-457-9543 FAX 973-387-3925

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 11/29/18

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.

82 Maxim Dr.

Please advise if there are any open permits or violations on the property.

Thank You

Bldg Code

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 12-3-18
Ready Date 12-3-18
Total Pages -1-

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

NO RECORDS

Custodian Signature 12-3-18 Date

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Signature [signature] Date 11/29/18

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82 Maxim Dr.

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Thank You

Bldg Code

1699 1.02

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Denied - Closed ____
Filed - 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

NONE

12/4/18 [signature]
Custodian Signature Date