



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# 666Date Due: 12-26

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 James MI P. Last Name Ricciardi, Jr.E-mail Address jricciardi@fleischnerpotash.comMailing Address 1301 Highway 36, Building 1, Suite 108City Hazlet State NJ Zip 07730Telephone 732-530-7787 FAX 732-888-5519Preferred 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 [Signature] Date 12/18/2018

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.

Any and all inspection reports, police reports, fire reports and loss reports relating to the September 5, 2018 fire at Caffrey's Restaurant located at 440 Route 9, Forked River, New Jersey.

*Police
Forked River Fire
Bldg*

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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____

Date _____