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DEC - 4 2018
LACEY TOWNSHIP
MUNICIPAL CLERK

TOWNSHIP OF LACEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

LOG# 643

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: 12-11

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 DANIEL MI M Last Name COLEMAN

E-mail Address FIDDANIEL@AOL.COM

Mailing Address C/O CAFFREY'S 440 ROUTE 9 SOUTH

City FORKED RIVER State N.J. Zip 08731

Telephone 908-433-8578 FAX 866-936-0388

Preferred Delivery: Pick Up X 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 12/04/2018

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.

ENTIRE FILE INCLUDING BUT NOT LIMITED TO ALL WRITTEN, ELECTRONIC AND NOTES REGARDING THE APPLICATION/DENIAL BY ZONING OFFICER (MRS RULE) RELATING TO ELGO GROUP LLC/CAFFREY'S INC BLK 225 LOT 1 ZONING

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 12-4
Ready Date 12-12
Total Pages 9

Final Cost

Total 6.40
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

$6.00 Map
8 pgs X 5¢ = 40¢

DePasqle
Custodian Signature

12/12/18
Date

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