



RECEIVE

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LACEY TOWNSHIP
MUNICIPAL CLERK

TOWNSHIP OF LACEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

318 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# 643

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 40 CAFFREYS 440 ROUTE 9 SOUTH
 City FORKED RIVER State N.J. Zip 08731
 Telephone 908-433-8578 FAX 866-936-0388
 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 [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 ELCO GROUP LLC/CAFFREYS INC 3LK 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 4

Final Cost

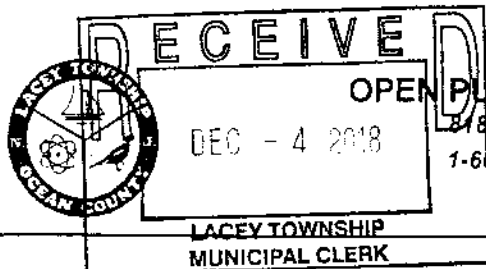
Total 6.40
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

\$6.00 map
 8 pgs. X5¢ = 40¢

[Signature]
 Custodian Signature

12/12/18
 Date



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LOT 1
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Estimated Balance _____
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Denied ☐ Closed _____
Filled ☐ Closed _____
Partial ☐ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	_____	Total <u>6.40</u>
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
<u>\$6.00 map</u> <u>8 x 5¢ = 40¢</u>		
Custodian Signature _____		Date _____