



RECEIVED

NOV - 2 2018

## 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# 605

Date Due: 11-10

## 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 SALVATORE MI \_\_\_\_\_ Last Name Bozellini

E-mail Address \_\_\_\_\_

Mailing Address 117 R19City Forked River State NJ Zip 08734Telephone 609-971-0815 FAX \_\_\_\_\_

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 Steve Bozellini Date 11/2/18

## 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.

view only - sits plan 402-404 R19; Landka

Forked River wins &amp; spirts

Bldg

Copy x 2 maps / plans

## 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 # \_\_\_\_\_ Total \_\_\_\_\_  
 Rec'd Date 11-2 Deposit \_\_\_\_\_  
 Ready Date 11-2 Balance Due \_\_\_\_\_  
 Total Pages \_\_\_\_\_ Balance Paid \_\_\_\_\_

## Records Provided

6.00 x 2 = 12.00 pd.  
Salvatore Bozellini Cash

Custodian Signature

Date



## TOWNSHIP OF LACEY

## OPEN PUBLIC RECORDS ACT REQUEST FORM

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laceyclerk@laceytownship.org

Veronica Laureigh - Municipal Clerk

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## Requestor Information - Please Print

|                                                                                                                                                                                                                                                                                   |                        |         |                 |                |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|-----------------|----------------|------------------|
| First Name                                                                                                                                                                                                                                                                        | <u>SALVATORE</u>       | MI      |                 | Last Name      | <u>Bozellini</u> |
| E-mail Address                                                                                                                                                                                                                                                                    |                        |         |                 |                |                  |
| Mailing Address                                                                                                                                                                                                                                                                   | <u>117 R19</u>         |         |                 |                |                  |
| City                                                                                                                                                                                                                                                                              | <u>Forked River</u>    | State   | <u>NJ</u>       | Zip            | <u>08734</u>     |
| Telephone                                                                                                                                                                                                                                                                         | <u>609-971-0815</u>    | FAX     |                 |                |                  |
| 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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                        |         |                 |                |                  |
| Signature                                                                                                                                                                                                                                                                         | <u>Steve Bozellini</u> |         | Date            | <u>11/2/18</u> |                  |

## 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.                   |             |

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copy & view only - site plan 402-404 R19, Lenoir  
349 N. main  
Forked River wine & spirits

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 | _____ |
| Filled      | - | Closed | _____ |
| Partial     | - | Closed | _____ |

## AGENCY USE ONLY

| Tracking Information                             |       | Final Cost   |       |
|--------------------------------------------------|-------|--------------|-------|
| Tracking #                                       | _____ | Total        | _____ |
| Rec'd Date                                       | _____ | Deposit      | _____ |
| Ready Date                                       | _____ | Balance Due  | _____ |
| Total Pages                                      | _____ | Balance Paid | _____ |
| Records Provided                                 |       |              |       |
| N/A SPIKE TO SOL<br>NO SITE PLAN FOR<br>FR. WINE |       |              |       |
| Custodian Signature                              |       | Date         |       |