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# 682

Date Due: 1-5

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 BRIAN MI ____ Last Name KUBIEL

E-mail Address BKUBIELC VERIZON.NET

Mailing Address 1026 KAITLYN COURT

City TOMS RIVER State NJ Zip 08753

Telephone 908 910 4865 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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 12/26/2018

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.

PLEASE EMAIL ME A COPY OF THE TRANSCRIPT OF THE BOARD OF ADJUSTMENT MTG HELD ON WEDNESDAY DECEMBER 12,2018 AS IT RELATES TO CAFFREY II ONLY. THANK YOU!

Zoning Bd of Adj.

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 12-26
Ready Date 1-2
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

I emailed them.
LW
1-2-19

Custodian Signature Date

Lisa Monbleau

From: Lisa Monbleau <lmonbleau@laceytownship.org>
Sent: Wednesday, January 02, 2019 11:23 AM
To: 'bkubiel@verizon.net'
Subject: Emailing: OPRA - Kubiel
Attachments: OPRA - Kubiel.pdf

Brian,

Attached is your original OPRA form. Sue, Board of Adjustment Secretary, wrote her answer on the attached form.

Thank you.

Sincerely,
Lisa Monbleau
Municipal Clerks Office
Township of Lacey
818 Lacey Road
Forked River, NJ 08731
609-693-1100 ext. 2222
Fax: 609-693-0526
Lmonbleau@laceytownship.org
www.laceytownship.org

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Zoning Bd of Adj.
No Transcript
(SO)

transcript was not ordered by the applicant's attorney, so our Board office does not have a transcript of Hearing. (not part of record or file)

AGENCY USE ONLY

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

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