



OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-693-1100 X

Fax: 609-693-0526

Log # 522
Date Due 9-26

PUBLIC RECORDS

LACEY TOWNSHIP
MUNICIPAL CLERK

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 Christina MI Last Name MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 9/26/2018

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 09/15/2018End Date 09/21/2018

Police

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	<u>9-26</u>	Deposit	_____
Ready Date	<u>9-27</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
I emailed this. <u>LM</u>			
<u>9-27-18</u>			
Custodian Signature		Date	

Lisa Monbleau

From: Lisa Monbleau <lmonbleau@laceytownship.org>
Sent: Thursday, September 27, 2018 8:56 AM
To: 'data@legalplex.com'
Subject: FW: OPRA Request - Mota - September 26, 2018 (MVA Reports from 9-15-18 to 9-21-18) - Log #522
Attachments: 18-028340.zip

Christina,

As requested, attached are your mva reports for the above referenced dates.

Thank you.

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