

AGENCY NAME HERE

Log # 523

Date Due 10-3



OPEN PUBLIC RECORDS ACT REQUEST FORM



RECEIVED

SEP 26 2018

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

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 Pat MI A Last Name Manfra

E-mail Address Patrickman6@gmail.com

Mailing Address 2390 longfellow ave

City Scotch plains State NJ Zip 07076

Telephone 908 967 9266 FAX _____

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐ YES

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** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Patrick Manfra Date 11/30/16

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.

Hello: I would like the contact information of anyone who owns a business in the township both online and brick and mortar I would like the following:

Name - first and last if available
phone number belonging to the owner
address of business
e-mail belonging to the owner

If some of the information is missing I would like what is there.

Clerk

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

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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

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Tracking Information

Tracking # 9-26 Total _____
Rec'd Date 9-26 Deposit _____
Ready Date 9-26 Balance Due _____
Total Pages 0 Balance Paid _____

Records Provided

Veronica emailed them. 9-26-18

Custodian Signature

Date

Veronica Laureigh Clerk/Administrator

From: Veronica Laureigh Clerk/Administrator <laceyclerk@comcast.net>
Sent: Wednesday, September 26, 2018 2:25 PM
To: 'patrickman6@gmail.com'
Subject: RE: Opra Request

Please be advised that Lacey Township does not have Business/Mercantile Registration, therefore we are not able to fulfill your OPRA request

Thank you
Veronica Laureigh
Municipal Clerk/Administrator
Township of Lacey
818 Lacey Road
Forked River, NJ 08731
609-693-1100, ext 2240
laceyclerk@laceytownship.org
www.laceytownship.org

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From: Pat Manfra [mailto:patrickman6@gmail.com@mail248.suw101.mcdlv.net] **On Behalf Of** Pat Manfra
Sent: Wednesday, September 26, 2018 10:52 AM
To: laceyclerk@comcast.net
Subject: Opra Request

To whoever it may concern:

I would like to have an opra request for the following information in your township.

I would like information on the following types of businesses. Construction, home improvement, Electricians, Plumbers, Masons, Demolition, Contracting, Carpenter.

Name First and Last

both personal phone number and business number

physical address

E-mail address

attached you will find the opra request form

PLEASE CLICK THE LINK FOR A DOWNLOAD OF THE OPRA REQUEST FORM

https://gallery.mailchimp.com/39ef1fcf902a84cd4ab0b9872/files/opra_request.doc

Thank you very much

This email was sent to laceyclerk@comcast.net

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Pat Manfra · 2390 longfellow ave · scotch plains, NJ 07076 · USA

