

Tax Collector  
Construction  
Code Enforcement

**STAFFORD TOWNSHIP**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**  
260 E. BAY AVENUE, MANAHAWKIN, NJ 08050  
609-597-1000 fax 609-597-4911  
clerk@staffordnj.gov

OPRA 2024-457  
Due: 6/26/24

**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**

[Empty box for Requestor Information]

**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.

Our firm has been requested to research the referenced property for any **BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES** on record in any city, town, village, or port authority.

Requesting to provide the below information for the property.

*NO violations*

Address: 228 COMPASS ROAD, MANAHAWKIN NJ 08050  
block : 44.189 LOT: 9  
Owner: CUMMINGS, STEVEN J

1. Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that need attention and any fees due currently.
2. Also advise if there are any open Code Violation or fines due that needs attention currently.
3. Advise if there are any unrecorded liens/fines/special assessments due.

**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	_____
<b>Records Provided</b>			
Custodian Signature _____		Date _____	