

# ESSEX REGIONAL HEALTH COMMISSION

204 HILLSIDE AVENUE, LIVINGSTON, N.J. 07039

PHONE (973) 251-2059 FAX (973) 251-2779

[www.essexregional.org](http://www.essexregional.org)

CARRIE NAWROCKI, EXECUTIVE DIRECTOR

## Open Public Records Act Information Request

### Important Notice

Important information related to your rights concerning government records and the address to which this form must be submitted are attached. Please read this form and the attachment carefully. You must complete the front and back of this form. Only one property may be included on each request.

### Requestor Information – Please Print

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Business Hours Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information

Max. Cost Authorization  
\$ \_\_\_\_\_

Select Payment Method  
Check \_\_\_\_\_ Money Order \_\_\_\_\_

Copying charges (per/page)  
Letter size \$0.05 each  
Legal size \$0.07 each

Delivery / Postage fees:  
Actual postage unless charged to  
receivers account.

Other charges:  
Additional service fees may apply to  
requests for records in non-standard  
formats or reports that must be  
compiled.

### Essex Regional Health Commission Use Only

#### Tracking Information

Tracking # \_\_\_\_\_

Date received by custodian: \_\_\_\_\_

Date requestor  
informed of disposition: \_\_\_\_\_

#### Status

Filled

In Progress

Denied

#### Disposition Notes

#### Records Provided:

Number of Pages: \_\_\_\_\_

Copy Charges: \_\_\_\_\_

Shipping charges: \_\_\_\_\_

Other Charges: \_\_\_\_\_

Total due: \_\_\_\_\_

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date

<b>Information Regarding the Requested Records</b>	
Are you involved in litigation with Essex Regional Health Commission, NJDEP or in litigation with another entity related to the records you are requesting? If yes, describe below.	_____ Yes    _____ No
Description of litigation:	
<b>Site information:</b> Please provide the specific street address, and owner, operator. If you are seeking information on past uses, please provide the names of prior owner operators if available.	
Property Name:	
Address:	
City:	
Additional Site information:	
<b>Note:</b> The Commission maintains site records by street address. Only one site may be included in each request. Record requests for sites identified by means other than address (i.e. block and lot) may incur additional fees.	
Do you want us to conduct the search for records if additional fees may be incurred?	_____ Yes    _____ No
<b>Preferred method of records review:</b> On-site inspection _____ Copies via US Mail _____ Other: _____	