

ESSEX REGIONAL HEALTH COMMISSION

204 HILLSIDE AVENUE, LIVINGSTON, N.J. 07039

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www.essexregionalnj.gov

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

Payment Information

First Name _____ MI _____ Last Name _____	Max. Cost Authorization \$ _____
Company _____	Select Payment Method Check _____ Money Order _____
Email Address _____	Copying charges (per/page) Letter size \$0.05 each Legal size \$0.07 each
Mailing Address _____	Delivery / Postage fees: Actual postage unless charged to receivers account.
City _____ State _____ Zip _____	Other charges: Additional service fees may apply to requests for records in non-standard formats or reports that must be compiled.
Business Hours Telephone: _____ 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 _____	

Essex Regional Health Commission Use Only

Tracking Information	Disposition Notes	Records Provided:
Tracking # _____		Number of Pages: _____
Date received by custodian: _____		Copy Charges: _____
Date requestor informed of disposition: _____		Shipping charges: _____
Status		Other Charges: _____
Filled		Total due: _____
In Progress		
Denied		
		_____ Custodian Signature Date

Information Regarding the Requested Records	
Are you involved in litigation with the 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:	
Site information: 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:	
Note: 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
Preferred method of records review: On-site inspection _____ US Mail _____ Email _____ Other: _____	