

ESSEX REGIONAL HEALTH COMMISSION

204 HILLSIDE AVENUE, LIVINGSTON, N.J. 07039

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

www.essexregional.org

ROBERT FERRAIUOLO, 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

Information Regarding the Requested Records	
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:	
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 _____ Copies via US Mail _____ Other: _____	