

APPLICATION FOR PUBLIC ACCESS TO ENVIRONMENTAL HEALTH RECORDS
NASSAU COUNTY DEPARTMENT OF HEALTH

To: Records Access Officer
Nassau County Department of Health
200 County Seat Drive
Mineola, New York 11501

Date of Request: _____
Fax: (516) 227-9611

I _____
Print Your Name _____ Signature _____

REPRESENTING (Firm/Self) _____ Client _____

Your Mailing Address _____

Phone Number _____ Fax Number _____

HEREBY APPLY TO INSPECT RECORDS FOR THE FOLLOWING ESTABLISHMENT:

**** Complete One Application for Each Address ****

Name _____ Previous Name _____

Address (MUST BE ACCURATE) _____
Number, Street, Community, Zip Code (Must supply complete Address)

ADDITIONAL RECORD(S) INFORMATION (To assist with records search): _____

PLEASE CHECK ONLY THE SPECIFIC BOX(ES) FOR THE AREA(S) WITHIN THE BUREAU(S) PERTAINING TO YOUR REQUEST.

- Note: Requests for Lead Files **MUST** use separate Lead FOIL Form available by calling (516) 227-9415.*
*Note: Requests for Animal Bites Files **MUST** use separate Animal Bites FOIL Form available by calling (516) 227-9663.*
*Note: Requests for West Nile Virus, Mosquito Surveillance or Pesticide Notification Files **MUST** use separate FOIL Form available from Records Access Officer (516) 227-9723.*
*Note: Requests for Drinking Water, Public Water Supply Well Data & Bottled Water Complaint Files **MUST** call (516) 227-9692.*
Note: Request for Air Emission Permits must call (516) 227-9672.
*Note: Requests for Realty Subdivision, Commercial On-Site Sewage Disposal, or Source Water Assessment Program (SWAP) **MUST** use separate Engineering FOIL Form by calling (516) 227-9672*

Bureau of Environmental Protection (has files concerning):

- | | |
|--|---|
| <input type="checkbox"/> Sewer Connection | <input type="checkbox"/> Petroleum & Chemical Tanks, Bulk Storage: |
| <input type="checkbox"/> Underground Injection Control (UIC) | <input type="checkbox"/> Including Spills and Leaks |
| <input type="checkbox"/> Road Salt Storage | <input type="checkbox"/> Medical Wastes |
| <input type="checkbox"/> Hazardous Waste Sites | <input type="checkbox"/> Homeowner Confirmation of Oil Tank Abandonment/Removal |

Bureau of Environmental Investigation (has files concerning):

- | | |
|--|---|
| <input type="checkbox"/> Odors | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Rodent Control |
| <input type="checkbox"/> Tobacco Smoking | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Tobacco Sales to Minors | <input type="checkbox"/> General Nuisance |

Bureau of Environmental Sanitation (has files concerning):

- | | | |
|--|---|---|
| <input type="checkbox"/> Food Protection | <input type="checkbox"/> Bathing Facilities | <input type="checkbox"/> Radiological Health (Medical X-ray Facilities) |
| | <input type="checkbox"/> Temporary Residences | |
| | <input type="checkbox"/> Summer Camps | |

FOR HEALTH DEPARTMENT USE ONLY BELOW THIS LINE

Signature _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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