

**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.**

**Bureau of Environmental Protection** (has files concerning):

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

**Bureau of Environmental Investigation** (has files concerning):

- |                                   |   |                                  |   |
|-----------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Odors    | <input type="checkbox"/> Tobacco & Vape Sales to Minors | <input type="checkbox"/> Housing | <input type="checkbox"/> Rodent Control   |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Tobacco Smoking                | <input type="checkbox"/> Heat    | <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 Residence            | <input type="checkbox"/> Summer Camps       | <input type="checkbox"/> Day Care Facilities                            |
| <input type="checkbox"/> Tattoo and Body Art Facilities |   |   |

**Note:** Requests for other records not listed here should use the Records Request Forms available online at <https://www.nassaucountyny.gov/1652/Health-Department>

**FOR HEALTH DEPARTMENT USE ONLY BELOW THIS LINE**

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