

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
-----------------	------------	----------------------------------------------------------------------