

**APPLICATION FOR PUBLIC ACCESS TO  
REALTY SUBDIVISION AND COMMERCIAL ON-SITE SEWAGE DISPOSAL RECORDS  
 NASSAU COUNTY DEPARTMENT OF HEALTH  
FAX No. 516- 227-9613**

**To: Salvatore Caruso**  
**Nassau County Department of Health**  
**200 County Seat Drive**  
**Mineola, New York 11501**

Date of Request \_\_\_\_\_

I, \_\_\_\_\_  
 Print Your Name

\_\_\_\_\_  
 Signature

Representing \_\_\_\_\_  
 Print name of Firm

\_\_\_\_\_  
 Print name of Client

Your Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**HEREBY APPLY TO INSPECT RECORDS FOR THE FOLLOWING ESTABLISHMENT:  
Complete One Application for Each Subdivision/Commercial Establishment**

**REALTY SUBDIVISION RECORDS**

Name of Subdivision Map \_\_\_\_\_

Location (Village/City) \_\_\_\_\_

Section/Block/Lot(s) of interest \_\_\_\_\_

**COMMERCIAL ON-SITE SANITARY SEWAGE DISPOSAL RECORDS  
 (We cannot identify commercial facilities by section/block/lot)**

Name of Establishment \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
 Number, Street, Community, and Zip Code (**must be accurate**). If within a shopping center, please identify

Additional Record Information (To assist with record search): \_\_\_\_\_

\_\_\_\_\_

If your request for access to records of the Department of Health has been approved, the records will be made available during normal working hours at 200 County Seat Drive, Mineola. There will be a 25 cent per page fee for photo copying. The Nassau County Department of Health shall not be responsible for inaccuracies in electronic information due to programming and/or clerical error.

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

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

Please call Mr. Caruso at (516) 227-9430 to arrange for a date and time to access the records.

No Records Noted