

**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, NY 11501

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

Fax: (516) 227-9613

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): \_\_\_\_\_

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**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 |
|  | <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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