

**HUDSON REGIONAL HEALTH COMMISSION
595 COUNTY AVENUE, BUILDING 1
SECAUCUS, NJ 07094
TEL. (201) 223-1133 FAX (201) 223 0122**

Richard J. Censullo, President

Carrie Nawrocki, Director

Open Public Records Act Information Request

Important Notice

Important information related to your rights concerning government records and the address to which this form must be submitted are attached. Please read this form and the attachment carefully. You must complete both pages of this form. Only one property may be included on each request.

Requestor Information – Please Print

Payment Information

<p>First Name _____ MI _____ Last Name _____</p> <p>Company _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____ Email _____</p> <p>Business Hours Telephone: Area Code _____ Number _____ Ext. _____</p> <p>Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.</p> <p>Signature _____ Date _____</p>	<p>Max. Cost Authorization \$ _____</p> <p>Select Payment Method Cash ___ Check ___ Money Order ___</p> <p>Copying Charges (per/page) Letter Size \$0.05 each Legal Size \$0.07 each</p> <p>Delivery / Postage Fees: Actual postage unless charged to receivers account.</p> <p>Other Charges: Additional service fees may apply to requests for records in non-standard formats or reports that must be compiled.</p>
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<p>Tracking Information</p> <p>Tracking # _____</p> <p>Date received by custodian: _____</p> <p>Date requestor informed of disposition: _____</p> <p>Status</p> <p>Filled</p> <p>In Progress</p> <p>Denied</p>	<p>Disposition Notes</p>	<p>Records Provided:</p> <p>Number of Pages: _____</p> <p>Copy Charges: _____</p> <p>Shipping charges: _____</p> <p>Other Charges: _____</p> <p>Total due: _____</p> <hr/> <p>Custodian Signature _____ Date _____</p>
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Hudson Regional Health Commission Use Only

Information Regarding the Requested Records	
Are you involved in litigation with Hudson Regional Health Commission, NJDEP or in litigation with another entity related to the records you are requesting? If yes, describe below.	_____ Yes _____ No
Description of litigation:	
<p>Site information: Please provide the specific street address, and owner, operator. If you are seeking information on past uses, please provide the names of prior owner operators if available.</p>	
Property Name:	
Address:	
City:	
Additional Site Information:	
<p>Note: The Commission maintains site records by street address. Only one site may be included in each request. Record requests for sites identified by means other than address (i.e. block and lot) may incur additional fees.</p>	
Do you want us to conduct the search for records if additional fees may be incurred?	_____ Yes _____ No
<p>Preferred method of records review: On-Site Inspection _____ Copies via US Mail _____ Other: _____</p>	

Requesting access to Hudson Regional Health Commission (HRHC) Records under OPRA (N.J.S.A. 47:1A-1 et seq.)

Your Rights Under OPRA

1. In Order to request access to government records in the possession or control of the HRHC under the Open Public Records Act (OPRA), you must complete all the required portions of this request form and date it. The form must be delivered in person during regular business hours, mailed or faxed to the HRHC Records Custodian (address below). Your request is not considered filed until the HRHC Records Custodian has received a completed request form. If you submit this request form to any other officer or employee of the HRHC, that officer or employee does not have the authority to accept your request form on behalf of the HRHC and the form will be directed to the HRHC Records Custodian. The form will not be considered received until it is received by the Records Custodian.
2. If you request access to government records from someone other than the Records Custodian and do not use the HRHC request form, or, if you make a request for access by telephone, the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request. However, applicable exemptions from disclosure under OPRA will apply.
3. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the Hudson Regional Health Commission and presented or mailed to the HRHC Records Custodian (address below). Do not mail cash.
4. If it is necessary for the records custodian to contact you concerning your request, providing identifying information, such as your name, address and telephone number or an e-mail address is required. Where contact is not necessary, anonymous requests are permitted; except that anonymous requests for personal information are not honored.
5. You agree to pay the balance due upon delivery of the records. Prepayment of charges may be required when total cost exceeds \$10.00 or when you have an outstanding balance from prior requests. Anonymous requests, when permitted, may require pre-payment of estimated copy charges.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family.
7. By law, the HRHC must notify you that it grants or denies a request for access to government records within seven business days after the Records Custodian receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the custodian to extend the time for making records available, or granting or denying your request.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the HRHC is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the Records Custodian fails to respond to you within seven business days of receiving a request form, the failure to respond will be considered a denial of your request.
11. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the HRHC to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law.
12. An OPRA request for access to a government record is itself public information. Therefore, the person requesting access to the government record should be aware that the information provided on the form may be disclosed.
13. Requests for HRHC records under OPRA may only be sent to the address specified below. Any request sent to an address or fax other than the one specified below is subject to denial. All fees must be mailed to the address below or delivered in person (check or money order only).

Hudson Regional Health Commission
Attention: Records Custodian
595 County Avenue, Building 1
Secaucus, NJ, 07094
Fax 201-223-0122