

# ARCHIVED FILE ACCESS REQUEST

## HUNTERDON COUNTY HEALTH DEPARTMENT

RT 12 COUNTY COMPLEX, BLDG 1 PO BOX 2900 FLEMINGTON NJ 08822-2900

Tel: 908-788-1351 \* Fax: 908-782-7510

SEPTIC    WELL    PHASE 1 ENVIRONMENTAL    RETAIL FOOD INSPECTION REPORTS

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MUNICIPALITY	BLOCK	LOT	PROPERTY ADDRESS

Requestors Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ -

Telephone [Day] \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Information Requested: Specify Block / Lot, Township/Municipality, Date Range, Topic, NJDEP UST#(s), PNC#(S), or other identifying information to aid your request.**

Comments:

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*This form must be signed and any applicable fees paid prior to accessing the requested documents.*

Cost for copies:

\$0.05 per page \$ \_\_\_\_\_ . \_\_\_\_\_

Special Service Charge (SSC), if applicable \$ \_\_\_\_\_ . \_\_\_\_\_

50% Deposit (required when request exceeds \$25.00) \$ \_\_\_\_\_ . \_\_\_\_\_ Chk. No. \_\_\_\_\_ Cash \_\_\_ Date \_\_\_\_\_

Total: (make checks payable to: County of Hunterdon) \$ \_\_\_\_\_ . \_\_\_\_\_ Chk. No. \_\_\_\_\_ Cash \_\_\_ Date \_\_\_\_\_

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### ACKNOWLEDGEMENT

The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by *N.J.S.A. 47:1A-1 et seq.*

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Health Dept. Designee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only:

Block and lot verified: date \_\_\_\_\_ initial \_\_\_\_\_

\_\_\_\_\_ Basement archive files   \_\_\_\_\_ final paperwork files   \_\_\_\_\_ septic files   \_\_\_\_\_ final paperwork database   \_\_\_\_\_ septic database