



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

For office use only CONTROL NUMBER:

Empty box for control number

FREEDOM OF INFORMATION LAW REQUEST FORM

To: Records Access Officer
NYC Department of Health and Mental Hygiene
42-09 28th Street, 14th Floor, CN 31
Long Island City, NY 11101
Phone: (347) 396-6078/6116
Fax: (347) 396-6087
recordsaccess@health.nyc.gov

Date ___ / ___ / ___

Dear Record Access Officer:

I, _____ request copies of any inspection reports and/or records located in the Bureau of _____, of the New York City Department of Health and Mental Hygiene.

The records pertain to:

- Lead Poisoning, Animal bite, Employment/Human Resources, Contracts/RFPs, Pest Control, Correctional Health, Early Intervention, Food Safety, Mental Health, Communicable Diseases, School Health, Day Care, Other: _____

Please specify/describe the records you are requesting from the above program(s):

Four horizontal lines for describing records

There is a charge of 25¢ per page or actual costs of reproduction, payable in advance.

Requester's Name: _____ (Please print) _____ (Signature)

Requester's Organization: _____

Requester's Address: _____ Street _____ City _____ State _____ Zip code _____

Telephone Number: (____) _____ - _____ E-mail: _____