

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

JOHN P. SARNAS, PRESIDENT

CARRIE NAWROCKI, EXECUTIVE DIRECTOR

Mail/Fax Attn: Nick Rivelli, Senior Environmental Specialist

**Facility Information:**

Facility Type: Industrial \_\_\_ Commercial \_\_\_ Residential Only \_\_\_ Office Only \_\_\_ Dry Cleaner \_\_\_ Gas Station \_\_\_

Facility Name: \_\_\_\_\_

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

HRHC Facility ID# (if Known) \_\_\_\_\_

**Property Owner Information:**

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Facility Operator**

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

To the best of my knowledge and belief, the information contained on this form and or attachments are true and correct:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_