



New Jersey Department of Environmental Protection
Site Remediation Program

CONFIDENTIALITY REQUEST FORM

Date Stamp
 (For Department use only)

Include with this form two copies of the document(s) which contain information deemed to be confidential to the applicant. Include one complete copy contained in an envelope marked confidential and a second copy that has the confidential information redacted in accordance with the directions included with this form and N.J.A.C. 7:26C-15.3.

SECTION A. SITE NAME AND LOCATION

Site Name: _____
 List All AKAs: _____
 Street Address: _____
 Municipality: _____ (Township, Borough or City)
 County: _____ Zip Code: _____
 Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

SECTION B. FEES

- ISRA Confidentiality Claim \$375.00 Fee Attached
- UST Confidentiality Claim \$500.00 Fee Attached

SECTION C. TERM OF CONFIDENTIALITY CLAIM

Please identify if the documents marked confidential should remain confidential

- Indefinitely
- Until: _____ (Date)

SECTION D. PERSON REQUESTING A CLAIM OF CONFIDENTIALITY INFORMATION AND CERTIFICATION

Affiliation/Name of Organization: _____
 First Name of Contact: _____ Last Name of Contact: _____
 Title: _____
 Phone Number: _____ Ext: _____ Fax: _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Email Address: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature _____ Date _____
 Name/Title: _____ **No Changes Since Last Submittal**
 Company Name _____

Submit this form to:
 Bureau of Case Assignment & Initial Notice
 Site Remediation Program
 NJ Department of Environmental Protection
 401-05H
 PO Box 420
 Trenton, NJ 08625-0420