



CONFIDENTIAL INFORMATION - CLAIM FORM - I

INSTRUCTIONS:

List the names and page numbers of all the documents that contain confidential information below or on a separate sheet. Only one claim form needs to be completed if the answers to Questions 1 - 8 will be the same for all information claimed as confidential. If the answers differ for the information submitted, common groups of information can be covered under one claim form as long as a list is provided of the documents and page numbers where the common answers apply to the claimed confidential information.

Attach a copy of the confidential information with this claim form. Be sure that all information claimed as confidential is properly marked with the word "CONFIDENTIAL" (in bold type, or stamp) and is properly underscored or highlighted. Information not so marked may be treated as public.

Please note that the items in N.J.A.C. 7:31-10.3(a) cannot be claimed as confidential information.

Legal Name: _____

Facility Name: _____

Location: _____

Municipality: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____ - _____

TCPA ID #: _____

| <u>Identification Number of Item Claimed</u> | <u>Equipment or Document Name</u> | <u>Range or Page Numbers of Items Claimed Confidential</u> |
|--|-----------------------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Check "Yes" or "No")

Yes No

1. Is the information required to be publicly disclosed pursuant to any other Federal or state act or regulation? ___ ___
2. Is the information required to be publicly disclosed pursuant to a court order or ruling? ___ ___
3. Is this information patented? (NOTE: Patented information can be claimed confidential if the patent does not connect the claimant with the confidential information and it does not protect against competitive harm.) ___ ___
4. Is the information published or is it available through any public source? ___ ___
5. Do only persons within your business know the information? ___ ___
6. Has a prior trade secret or confidentiality determination been made on this information? ___ ___
 - a) If "Yes", did this determination decide that the information is confidential or a trade secret? ___ ___
7. Is the information contained within the facility's Emergency Response Plan? ___ ___
8. Is the information properly identified and labeled as confidential? ___ ___
9. Have positive steps been taken to prevent the public release of the information? ___ ___

CERTIFICATION

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

(Signature) _____ (Title) _____

(Print Name) _____ (Date) _____