



**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) \_\_\_\_\_