



**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**

\$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