



CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

PATRICIA L. ANDRADE, M.D.
KIMBERLY A. GRIFFITH PSY.D.

DIRECTOR OF HEALTH
DAMON O. CHAPLIN

21 E REQUEST FORM

Under Massachusetts General Law, Chapter 21 E the following request is made for file information regarding the environmental assessment condition of the following referenced property.

(Note: Only one street number or lot number per application)

Requested by :

NAME: _____

ADDRESS: _____

TEL: _____ **FAX:** _____

Property Location:

Address: _____

Assessor's Plot: _____ **Lot (s)** _____

Signature: _____ **Date** _____

HEALTH DEPARTMENT REPORT

- ☐ A. The Health Department has no records of responding to any hazardous waste/oil incidence at the above address.
- ☐ B. The Health Department has no records of any wells servicing this property.
- ☐ C. There are records of hazardous waste/oil incidents which the Health Department has been involved in and you may contact this office to review the records under the public disclosure statutes.

Signature: _____ **Date** _____