New York State Department of Health
Draft Health Consultation Comment Form
Gowanus Canal Site

Print Form

Thank you for reviewing the draft health consultation. The public comment period gives you a chance to let us know if you have questions or additional information related to the site that should be included in this report. This reply form is broken into three sections - optional information (to update our mailing list), general comments (how helpful is the information to you) and specific comments (specific to the main sections in the report). Please write any questions or comments in the appropriate spaces below. Please return the form by **April 30, 2014** (see return information below). Additional information and documents about this site can be found at the New York State Department of Health web site at: http://www.nyhealth.gov/environmental/investigations/gowanus/

Optional Information

First Name _____ Last Name _____

Address _____

Contact number (with best time to reach you) _____ E-mail Address _____

General Comments

1. Was the information in this health consultation clear and understandable? (rate on a scale of 1 to 5)

Not clear and understandable ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 Very clear and understandable

2. Does the document take into account all relevant site information? ◯ Yes ◯ No ◯ Not sure

If no, please tell us what's missing

3. Does the document identify and respond to community concerns, including your own concerns? ◯ Yes ◯ No ◯ Not sure

If no, please tell us what concerns are missing

4. After reading this document, do you have a better understanding of how the site might affect your or your community's health?

Do not have a better understanding ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 Have a much better understanding

Specific Comments

Note: please refer to page numbers in the report when writing your comments

SUMMARY section

BACKGROUND AND STATEMENT OF ISSUES section

DISCUSSION section

CONCLUSIONS section

RECOMMENDATIONS section

PUBLIC HEALTH ACTION PLAN section

OTHER

Please mail or fax completed forms to:

New York State Department of Health, BEEI
Empire State Plaza, Corning Tower, Room 1717
Albany, NY 12237
fax: (518) 402-7859

For questions, please contact the NYSDOH at 518-402-7860

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