

DEPARTMENT OF HEALTH

Dr. Robert L. Yeager Health Center
50 Sanatorium Road, Building D
Pomona, New York 10970
Phone: (845) 364-2512 Fax: (845) 364-2628



Public Health
Prevent. Promote. Protect.

Date: ___/___/___

To: Commissioner of Health

RE: **Request for Reconsideration - Declaration Number:** _____

I, _____, (owner/authorized representative) of the property located at _____ hereby request reconsideration of the penalty assessed at the Rockland County Board of Health meeting held on _____. Reconsideration is requested due to the following:

CHECK WHERE APPROPRIATE (use additional sheets if necessary)

MISTAKE OF LAW: _____

MISTAKE OF FACT: _____

NEW EVIDENCE (unable to be produced at the time of the Hearing):

In accordance with Section 1.27.0 of the Rockland County Sanitary Code, **a non-refundable fee of \$25 made payable to "Commissioner of Finance" is enclosed**, or has been previously submitted.

Name and address where response should be sent if different from above:

Name: _____
Address: _____

Signature: _____

Date: _____