

COMMENT SHEET

Draft Public Health Response Plan (PHRP) to Prioritize and Evaluate the Public Health Impact of Environmental Contamination in the Village of Endicott, Broome County, New York

Please review the list of community concerns on Page 1 of the PHRP. Are your concerns identified in this list? ___ Yes ___ No
If no, please describe your concern(s).

Do you know of specific individuals (including yourself), groups or organizations who might be interested in participating in a stakeholder planning group? Please list below (see page 7, “Community Outreach and Education”, Proposed Activities, 1st Bullet).

Do you know of any specific individuals or groups in the local medical community who would like to

a) receive information about the cancer and birth outcomes investigation and other work being performed by the health agencies? Please list below.

b) provide input to the health agencies? Please list below.

(OVER)

What kind of meeting format do you prefer? Check all that apply, but say more if you especially like or dislike a particular format:

- Public availability session (see glossary of terms)
- Presentation followed by question and answer session
- Small group discussion
- Other (please describe) _____

Comments:

Although convenient, individual mailings are very costly. What other ways do you suggest we distribute information? (check as many as you wish):

- e-mail (my e-mail address is : _____)
- on a website
- at my local library
- at the Town Hall
- local newspaper
- other _____

Please return this form in one of four ways:

Mail: Bridget Callaghan
New York State Department of Health
Center for Environmental Health
Bureau of Environmental Exposure Investigation
547 River Street, Rm. 300
Troy, NY 12180-2216

E-mail: BEEI@health.state.ny.us

Fax: (518) 402-7859 Attn: Bridget Callaghan

Or **call** in your responses to Ms. Callaghan at the toll-free Environmental Health Infoline:
1-800-458-1158, extension 27880