

Safety, Health and Essential
Rights (SHER) Program
1220 Washington Ave.
Building 12, Room 169
Albany, NY 12226

WE ARE YOUR DOL



Kathy Hochul, Governor
Roberta Reardon, Commissioner

Consent For Electronic Service of Subpoenas

I, _____ (County Coroner, Medical Examiner or other authorized official whose role is to register deaths) with the _____ (Name of Office of County Coroner, Medical Examiner or other authorized official whose role is to register deaths), do hereby give permission for the New York State Department of Labor, Division of Safety and Health, to serve a subpoena electronically. Subpoenas may be sent to _____ (e-mail address).

This subpoena acceptance form will be valid unless written communication from _____ (Name of Office of County Coroner, Medical Examiner or other authorized official whose role is to register deaths) is received stating they are revoking consent.

Printed name of County Coroner, Medical Examiner or other authorized official whose role is to register deaths:

Title of County Coroner, Medical Examiner or other authorized official whose role is to register deaths:

Signature of County Coroner, Medical Examiner or other authorized official whose role is to register deaths:

_____ Date: ____ / ____ / ____