



**ASSEMBLY STANDING COMMITTEE ON ENVIRONMENTAL CONSERVATION
COMMISSION ON TOXIC SUBSTANCES AND HAZARDOUS WASTES
ASSEMBLY LONG ISLAND SOUND TASK FORCE**

NOTICE OF PUBLIC HEARING

SUBJECT: Impacts of the Proposed Federal Offshore Drilling Authorization on New York

PURPOSE: To examine the impacts of a federal offshore natural gas and oil lease authorization on New York's environment.

Long Island
Legislative Auditorium
William H. Rogers Building
725 Veterans Memorial Highway, Smithtown
Wednesday
February 14, 2018
10:30 a.m.

On January 4, 2018, the United States Department of the Interior announced plans for the expansion of natural gas and oil drilling through the potential lease of acreage in federal offshore areas such as the Atlantic Region, which includes New York State. The purpose of this hearing is to examine the implications for New York's environment, including but not limited to, water quality, coastal management, fishery impacts, and the potential for increased oil spills and pollution if such lease authorizations and subsequent drilling occur.

Persons wishing to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes' duration. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements. In order to further publicize these hearings, please inform interested parties and organizations of the Committees' interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Steve Englebright
Member of Assembly
Chair
Committee on Environmental Conservation

Christine Pellegrino
Member of Assembly
Chair
**Commission on Toxic Substances and
Hazardous Wastes**

Anthony D'Urso
Member of Assembly
Chair
Long Island Sound Task Force

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the Impacts of the Proposed Federal Offshore Drilling Authorization on New York are requested to complete this reply form as soon as possible and mail, email or fax it to:

Matthew Shore
Committee Assistant
Assembly Committee on Environmental Conservation
Room 520 - Capitol
Albany, New York 12248
Email: shorem@nyassembly.gov
Phone: (518) 455-4363
Fax: (518) 455-5182

- I plan to attend the following public hearing on the Impacts of the Proposed Federal Offshore Drilling Authorization to be conducted by the Assembly Committee on Environmental Conservation, the Commission on Toxic Substances and Hazardous Wastes, and the Long Island Sound Task Force on February 14, 2018.

- I plan to make a public statement at the hearing. My statement will be limited to ten minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement. I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____