



**To:** Plan holders for Contract: **MFP-2025**  
**From:** Joseph Vaicels, Assistant Commissioner and Agency Chief Contracting Officer  
**Date:** October 22, 2026  
**Subject:** **Notice to Bidders: Site Visit**

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There will be a site visit taking place on **October 26, 2026 at 9:00AM.**

Location

Site#1: "SMHQ" 356 Flushing Avenue, Brooklyn, NY 11205

Site#2: (if necessary): "RC New Siphon" 50 Front Street, Staten Island, NY 10304

- Steel toed shoes are required for PPE
- There is no parking on site at "SMHQ"
- Fill out security form attached below and Email to Tawan Newton [TawanN@dep.nyc.gov](mailto:TawanN@dep.nyc.gov) to confirm your attendance.

[Clear Form](#)**DEP POLICE USE ONLY**Access: ☐ Approved ☐ Denied

Date/Time:

Reviewing Officer: Initials:

Badge #:

**TEMPORARY ACCESS FORM****Type of Access Requested. Select one:**

- ☐ **DAY WORKER ACCESS** - For persons working on a day-to-day basis at a DEP facility and/or project site and who are not part of a contractor's regular staff. DEP Police will notify the employee, construction manager, and post officer if access is granted.
- ☐ **DAY TOUR ACCESS** - For persons attending tours of DEP critical infrastructure. DEP Police will notify the individual and sponsoring DEP entity if access is granted.
- ☒ **PRE-BID MEETING SITE ACCESS** - For prospective bidders attending pre-bid meetings at a DEP facility and/or project site. Any bidder who does not fax or e-mail this form to the appropriate DEP Project Manager at least one week prior to the scheduled visit will be required to bring the requested information to the site no less than 30 minutes prior to the scheduled meeting start time; there is no admittance of any bidder more than 30 minutes after the scheduled meeting start time.
- ☐ **DELIVERIES** - For persons delivering materials to a DEP site (other than UPS or FedEx).

**SUBMIT  
FORM TO:**East of Hudson - Eastview Command Center

T: (914) 593-7500 / F: (914) 345-1840

E: PoliceEastviewComm@dep.nyc.gov

West of Hudson - Ashokan Dispatch

T: (845) 657-8433 / F: (845) 657-6145

E: Ashokancomm@dep.nyc.gov

This form expires fifteen (15) days from the date of submission. Access beyond that date requires official DEP-issued identification or submission of a new Temporary Access Form.

*All fields are required. Please print clearly or type:*

Today's Date:

Date(s) Access Requested: From: **10/26/2026**To: **10/26/2026**

Site Location (name and/or address): "SMHQ" 356 Flushing Avenue, Brooklyn, NY 11205; "RC New Siphon" 50 Front Street, Staten Island, NY 10304

Company or Group Affiliation Name:

Name: **Thomas Sullivan**

Security Point of Contact:

Telephone #: **(347)610-8626**

Work to be Performed:

Name:

Last

First

M.I.

Date of Birth (mm/dd/yyyy):

Social Security # (last 4 only):

Contact Telephone Number(s):

or

Driver License #:

, Issuing State

If no driver license, other form of government  
issued photo identification and number:

I hereby affirm that the above information is true and that I agree to comply with all DEP policies and rules while I am on DEP property. I understand that 1) I must bring my identification to the site for physical inspection, 2) expired identification will not be accepted, and 3) providing false or misleading information or identification may result in criminal charges, denial of access to DEP sites and facilities, or rejection of any bid submitted by the applicant's company.

*Place identification in this box  
if scanning or faxing this form.*

Signature



**City of New York**  
**Department of Environmental Protection**  
**Bureau of Police & Security**  
**SECURITY CLEARANCE RELEASE FORM**

|                          |         |
|--------------------------|---------|
| <input type="checkbox"/> | New     |
| <input type="checkbox"/> | Renewal |

*Email to: SecurityClearance@dep.nyc.gov*

**Clear Form**

|                                                        |                                                                                                          |                                 |                                                                                           |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|
| DEP Project Manager                                    | Thomas Sullivan                                                                                          |                                 |                                                                                           |
| Project Number                                         | MFP-2025                                                                                                 |                                 |                                                                                           |
| Location(s)                                            | "SMHQ" 356 Flushing Avenue, Brooklyn, NY 11205; "RC New Siphon" 50 Front Street, Staten Island, NY 10304 |                                 |                                                                                           |
| Start Date (mm/dd/yy)                                  | 10/26/2026                                                                                               |                                 |                                                                                           |
| Applicant Last Name                                    |                                                                                                          |                                 |                                                                                           |
| First Name                                             |                                                                                                          |                                 |                                                                                           |
| Middle Initial                                         |                                                                                                          |                                 |                                                                                           |
| Driver License Number and State                        |                                                                                                          |                                 |                                                                                           |
| If no U.S. driver's license, Passport Number & Country |                                                                                                          |                                 |                                                                                           |
| Social Security Number (last 4 only)                   |                                                                                                          |                                 |                                                                                           |
|                                                        |                                                                                                          |                                 |                                                                                           |
| Country of Birth                                       |                                                                                                          |                                 |                                                                                           |
| Gender                                                 | <input type="checkbox"/> Male                                                                            | <input type="checkbox"/> Female |                                                                                           |
| Date of Birth (mm/dd/yyyy)                             |                                                                                                          |                                 |                                                                                           |
| Height                                                 |                                                                                                          |                                 |                                                                                           |
| Weight                                                 |                                                                                                          |                                 |                                                                                           |
| Eye Color                                              |                                                                                                          |                                 |                                                                                           |
| Hair Color                                             |                                                                                                          |                                 |                                                                                           |
| Home (not mailing) Address: Street                     |                                                                                                          |                                 |                                                                                           |
| City                                                   |                                                                                                          |                                 |                                                                                           |
| State                                                  |                                                                                                          |                                 |                                                                                           |
| Zip                                                    |                                                                                                          |                                 |                                                                                           |
| Home Phone Number (include area code)                  |                                                                                                          |                                 |                                                                                           |
| Contact Phone (include area code)                      |                                                                                                          |                                 |                                                                                           |
| Company Name                                           |                                                                                                          |                                 |                                                                                           |
| Contractor Type                                        | <input type="checkbox"/> Prime                                                                           | <input type="checkbox"/> Sub    | <i>If Subcontractor, you MUST attach a copy of the ACCO Subcontractor Approval letter</i> |
| Your Supervisor's Name                                 |                                                                                                          |                                 |                                                                                           |
| Company Address: Street                                |                                                                                                          |                                 |                                                                                           |
| City                                                   |                                                                                                          |                                 |                                                                                           |
| State                                                  |                                                                                                          |                                 |                                                                                           |
| Zip                                                    |                                                                                                          |                                 |                                                                                           |
| Company Phone Number (include area code)               |                                                                                                          |                                 |                                                                                           |