



Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone - (860) 774-7350 Fax - (860) 774-1308
Web – www.nddh.org Email - email@nddh.org

REQUEST TO VIEW PUBLIC INFORMATION

REQUESTOR INFORMATION

Name: (Optional)

_____ Phone: _____

PROPERTY INFORMATION REQUESTED

Property Address _____ Town _____

Owner: _____

Previous Owner(s) _____

Map# _____ Block# _____ Lot# _____ Year House Was Built _____

Any Updates to Septic or Well YES / NO When? _____

INFORMATION REQUESTED (Please check all that apply)

Septic As Built Well Information
 Other (Please be specific:)

Please call ** _____

** Please provide name & phone number above

Sec 1-210(b) (16) Access to public records. Exempt records.
(b) Nothing in the Freedom of Information Act shall be construed to require disclosure of: Records of complaints, including information compiled in the investigation thereof, brought to a municipal health authority pursuant to chapter 368e or a district department of health pursuant to chapter 368f, until such time as the investigation is concluded or thirty days from the date of receipt of the complaint, whichever occurs first.