



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

www.nddh.org

Real Estate Information Request Form

- NDDH will fax up to five (5) pages of information at NO CHARGE
- Additional pages will be billed at 50 cents per page with payment due within 10 days of receipt of the NDDH invoice
- You may make additional copies of this blank form for your convenience
- Please fax completed request forms to NDDH at 860-774-1308
- File searches are performed between the hours of **7:00-7:30 a.m.** and **3:30-4:00 p.m.**
- The NDDH office is open Monday-Friday, 7:00 a.m. – 4:00 p.m.
- *Please be sure to provide your fax number and print all information legibly*

Date: ____/____/____

Street Address of Property: _____

City: _____ State: _____ Zip: _____

Current Owner: _____ Year House Built: _____

Previous Owners: _____

Map: _____ Block: _____ Lot: _____

Information requested by (date): ____/____/____ (Please allow at least 3 business days)

Realtor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX number: _____

*Please be sure to complete all information so that we may process your request without delay.
Thank You!*

Date Responded: _____ **Initials:** _____

Date Completed: _____ **Initials:** _____