



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 FOR COPIES OF PUBLIC INFORMATION

REQUESTOR INFORMATION

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

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 _____ Mail _____ Fax to: _____ Email to: _____

Signature _____ Date ____/____/____

NOTE: If you are not the property owner, a fee of \$0.50 per Xeroxed page is payable in advance.

**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.**