



**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](http://www.nddh.org) Email - [email@nddh.org](mailto:email@nddh.org)**

**REQUEST FOR COPIES OF PUBLIC INFORMATION**

**REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**PROPERTY INFORMATION REQUESTED**

Property Address \_\_\_\_\_ Town \_\_\_\_\_

Owner: \_\_\_\_\_ NDDH File # \_\_\_\_\_

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
- Perc/Soil Information
- Other (Please be specific)

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Please Call: \_\_\_\_\_ Fax: \_\_\_\_\_

**Email:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: 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.**