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)

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.

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