



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

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# _____ Pole# _____ 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)

Complete section below to receive the public information requested.

Phone #: _____ Fax: _____

Email: _____ Mail to Requestor's Address (Note*)

Signature _____ Date _____

***NOTE: A fee of \$0.50 per copied 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.

NDDH Use Only Date Completed: _____ Initials: _____