



# Housatonic Valley Health District Request for Information

**Date Requested:** \_\_\_\_\_

*(Print or Type)*

Requestor's Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Firm/Organization: \_\_\_\_\_ Fax #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Business Name and/or Property Address:** \_\_\_\_\_

- Copies**       **Review File**

- Septic:**    As-Built      **Well:**  Permit to Construct      **Housing:**  Inspection Report  
 Permit to Discharge       Completion Report       Complaint File  
 B100A

**Food Protection Program:**    Inspection Report       Complaint File

**Delivery Method:**       Will Pick Up      Date: \_\_\_\_\_  
 Email      Date: \_\_\_\_\_  
 Fax      Date: \_\_\_\_\_  
 Mail      Date: \_\_\_\_\_

**Additional Details:**  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Requests are processed in the order in which they are received. Please allow up to 5-7 business days. We will contact you when the information is available. Copies are billed at \$0.50 per page.*

**INTERNAL USE ONLY**

Received via:  Email  Fax       In Person      **Date Files Sent:** \_\_\_\_\_ **Initials:** \_\_\_\_\_