



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
 Permit to Discharge
 B100A

Well: Permit to Construct
 Completion Report

Housing: Inspection Report
 Complaint File

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: _____

Please send the completed "Public Records" to inbox@hvhd.us

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: _____