PROPERTY INFORMATION REQUEST FORM:

In order to serve you better, we ask if you would please Fax or e-mail in your requests for property information. (Fax# 860-496-8243 or info@tahd.org). The Torrington Area Health District (TAHD) will no longer be taking any phone requests. Since our records are now filed electronically we prefer to e-mail back any records we might have. We try to do this as expeditiously as possible but it may take up to 4 business days. All property records at TAHD are public information.

Date: _______________  Time:_____________  Phone #: _______________________

Person Requesting: ___________________________  Fax #: _________________________

E-Mail:_____________________________________

Agency Representing:_________________________

Address Location:

Property owner:_______________________________________________________________

Street Name and Number: (If undeveloped land, please include Building Lot #)

____________________________________________________________________________

Town:__________________________________________

Information Requested:

Septic:  [   ] Permit  [   ] As Built  [   ] Permit to Discharge

Other:_______________________________________________________________________

Well:  [   ] Permit  [   ] Completion Report  [   ] Water Tests

Other:_______________________________________________________________________

Any other information please specify:___________________________________________

____________________________________________________________________________

3-3-16

The Torrington Area Health District is an equal opportunity provider, and employer.
To file a complaint of discrimination write USDA , Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).