



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

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*"Promoting Health & Preventing Disease Since 1967"*

## 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: \_\_\_\_\_

\_\_\_\_\_

4-14-2023