

**CITY OF DANBURY**  
**HEALTH & HUMAN SERVICES DEPARTMENT**



**155 DEER HILL AVENUE**  
**DANBURY, CONNECTICUT 06810**  
Tel (203) 797-4625 Fax (203) 796-1596

**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      Assessor's Lot #: \_\_\_\_\_

**Files Requested:**

**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: \_\_\_\_\_  
 Fax      Date: \_\_\_\_\_  
 Email to address      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.*

**Submit Form:**

**INTERNAL USE ONLY**

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