



Town of Fairfield

Sands L. Cleary
Director of Health

Fairfield, Connecticut 06824
Health Department

Sullivan Independence Hall
725 Old Post Road
(203) 256-3020
FAX (203) 256-3080

REQUEST FOR INFORMATION

I _____ of _____
Name Address

request that the Health Department review its files for information regarding:

Type of Information Requested

On property located at _____
Address Assessor's Map # - Tax Parcel #

Fairfield, Connecticut. I understand that a lack of information in your files does not imply the non-existence of conditions relative to the information I requested.

Signature of Requester Date

Address of Requester Phone #

Health Department records regarding the above-referenced property revealed/indicated:

(For Office Use Only)

