WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

File Searches may be sent by Fax to: (203) 221-7199

FILE SEARCH REQUEST

FEE

(24 hour notice) ..... $0.50 per copy
Prints larger than 11x17…… Prepaid $10.00 per copy
If File Search is over $10, payment required in advance

Date: _____

Questions concerning file search information should be discussed with the seller & buyer.

Please PRINT

Property Information:

☐ ***Westport***

Street: _____ _____ _____
Street Number | Tax Lot No. (if known) | Street Name

☐ ***Weston***

Street: _____ _____ _____
Street Number | Developer's Lot No. (if known) | Street Name

Age of house or last septic alteration/repair _____

Request for:

☐ Septic System "As Built"

☐ Other (Please specify what you are looking for) _____

_____

Name and Address of person requesting information: *(Optional)*

☐ Home owner: _____

☐ Other: _____

Telephone No.: * _____

* **The information you request, *if available*, will be ready by 11:00 AM of the next working day. We will call you prior to the pickup time if there is no information available (local calls *only*).**