



**State of Connecticut
Department of Public Health
Freedom of Information Act Request**

Requestor Information:

Name: _____

Company Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail Address: _____

Information Requested:

Please be as specific as you can. This will enable us to identify the information you want and process your request more efficiently.