

# APPLICATION FOR HEALTH & SAFETY INSPECTION

Application Date: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

FACILITY TO BE INSPECTED: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address                      City                      State                      Zip

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

IF REPORT IS TO BE SENT TO ANOTHER AGENCY, PLEASE PROVIDE INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address                      City                      State                      Zip

Phone: \_\_\_\_\_

## HEALTH DEPARTMENT USE ONLY

Received by:

Date Received:                      Amount:                      Receipt #

Letter Notations:

Follow-up Inspection Needed? Yes or No

Issue Certificate? Yes or No

Approved                      Not Approved

Inspection Date:                      Inspector Signature:

File Notations: