



Environmental Health

REQUEST FOR INSPECTION LETTER

OWNERS NAME: \_\_\_\_\_

APPLICANT : \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ UNIT #: \_\_\_\_\_

IS HOUSE OCCUPIED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF VACANT, HOW LONG? \_\_\_\_\_

ORIGINAL OWNER/BUILDER: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ DOGS ON PROPERTY: YES \_\_\_\_\_ NO: \_\_\_\_\_

DIRECTIONS TO PROPERTY:

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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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TO BE COMPLETED BY HEALTH DEPARTMENT

FEE DATE: \_\_\_\_\_  
AMOUNT PAID: \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

PICK UP: \_\_\_  
MAIL: \_\_\_  
E-MAIL: \_\_\_