



Environmental Health

REQUEST FOR SITE EVALUATION

OWNERS NAME: _____

APPLICANT : _____

DAYTIME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PROPERTY ADDRESS: _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____ UNIT #:

DOGS ON PROPERTY: YES _____ NO: _____

EVALUATION REQUESTED: ___ GARAGE ___ POOL ___ DECK ___ OUT BUILDING

___ OTHER: _____ IS SITE FLAGGED FOR EVALUATION: _____

NOTES: _____

DIRECTIONS TO PROPERTY: _____

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

DATE: _____ SIGNATURE _____

TO BE COMPLETED BY HEALTH DEPARTMENT

FEE DATE: _____

AMOUNT PAID: _____

RECEIPT # _____

PICK UP: _____

MAIL: _____

E-MAIL: _____