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RE-INSPECTION REQUEST

TO: Division of Environmental Health, DPHSS (FAX # 734-5556)

FROM: _____
ESTABLISHMENT NAME

_____
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on _____ by Public Health Inspector(s)

_____ resulting a letter grade of _____.

I have performed the following to correct the violations:

Item No.	Action(s) Taken to Correct the Violation(s)

I/We are requesting a re-inspection of the establishment on _____ or at your earliest convenience. You if have any questions please call me at _____. Thank you.

_____
SIGNATURE

Revised: 11/24/00