



**Public Health**  
Prevent. Promote. Protect.

**Central Valley Health District**  
Environmental Health

# Request for Inspection Report

Environmental Health Division  
Central Valley Health District

**PLEASE PRINT LEGIBLY**

Name of Facility			
Facility Address	City	State	Zip Code
Reason for Request			
Request for inspection records From (Date) To (Date)		<input type="checkbox"/> Last inspection report only	
Mailing Address	City	State	Zip Code

**Please allow up to 14 business days for report to be processed and returned to you.**

**Send Request for Inspection to:**

Central Valley Health District  
Environmental Health Division  
122 2<sup>nd</sup> St NW  
Jamestown, ND 58401  
Telephone: 701.252.8130

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Signature

\_\_\_\_\_  
Date Signed

**Environmental Health Use Only:**

Approved:	Hold:
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