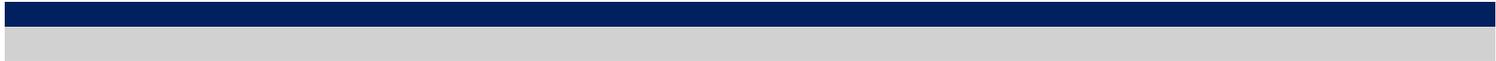




Date of Request:



FACILITY INFORMATION

Name of Facility:			
Facility Physical Address:	City:	State:	Zip Code:

REQUEST FOR INSPECTION RECORDS (select one)

<input type="checkbox"/> Timeframe – From (date):	To (date):	<input type="checkbox"/> Last inspection report only
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RECEIVING INFORMATION (select one)

Name:			
<input type="checkbox"/> Address:	City:	State:	Zip Code:
<input type="checkbox"/> Email Address			

PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR REPORT TO BE PROCESSED AND RETURNED TO YOU.

Submit completed request to Central Valley Health District’s Environmental Health Department:

- Mail or Deliver to – Central Valley Health District
 Attn: Environmental Health
 122 2nd St NW
 Jamestown, ND 58401
- Email – eh@centralvalleyhealth.org
- Fax – 701-252-8137