

Request for Consultation**Applicant's Information**

Name: _____
Address: _____ City: _____ ST: _____ ZIP: _____
E-mail Address: _____ Phone: _____

Applicant's Information

Facility Name (DBA) _____
Facility Address: _____ City: _____ ST: _____ ZIP: _____
Mailing Address: _____ City: _____ ST: _____ ZIP: _____
E-mail Address: _____ Phone: _____

Please describe Request:

Applicant's Name: _____
Please Print

Signature: _____ Date: _____
Owner of Authorized Agent

Environmental Health Use Only

Comments:

Inspector's Name: _____ Date Completed: _____

Imperial County Public Health Department, Environmental Health Division
1221 W. State St., Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org

Office Use Only

Date: _____	Amt: _____	Pay Type: _____
#: _____	FA#: _____	Rcvd by: _____