

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, Division of Environmental Health
 797 Main Street, 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: _____