

**MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

***Request for Second School Inspection***

Date of Request: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Applicant Name and contact number \_\_\_\_\_

- |                                                   | <u>2012 fee</u> |
|---------------------------------------------------|-----------------|
| <input type="checkbox"/> Food Preparation Kitchen | \$109.00        |
| <input type="checkbox"/> Satellite Serving Site   | \$ 55.00        |

Time lunch is served: \_\_\_\_\_

**Make Checks Payable to:** Macomb County Health Department

Mail to: Macomb County Health Dept.  
Environmental Health Services  
43525 Elizabeth  
Mt. Clemens, MI 48043  
586-469-5236

OR

Macomb County Health Dept.  
Environmental Health Services  
27690 Van Dyke  
Warren, MI 48093  
586-465-8030

**Health Department Use Only**

Date of last routine inspection: \_\_\_\_\_

Date forwarded to MC office: \_\_\_\_\_