

**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>2010 fee</u> |
| <input type="checkbox"/> Food Preparation Kitchen | \$105.00 |
| <input type="checkbox"/> Satellite Serving Site | \$ 53.00 |

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: _____