

**REQUEST FOR SERVICE RECORD**

Action  
 New  Change

Request No.  
\_\_\_\_\_

County  
\_\_\_\_\_

Reporting Area  
\_\_\_\_\_

Date  
\_\_\_\_\_

Method	
1	Phone <input type="checkbox"/>
2	In Person <input type="checkbox"/>
3	By Letter <input type="checkbox"/>
4	City <input type="checkbox"/>
5	Other <input type="checkbox"/>

Received By  
\_\_\_\_\_

Map  
\_\_\_\_\_

Section  
\_\_\_\_\_

City  
 Yes  No

Census Tract  
\_\_\_\_\_

Complaint/Service Address:

\_\_\_\_\_  
 (#) \_\_\_\_\_ (Street)  
 \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Condition Reported:

\_\_\_\_\_  
 \_\_\_\_\_

Person or Premises to See:

\_\_\_\_\_  
 \_\_\_\_\_  
 (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial)

Initiated By:

\_\_\_\_\_  
 \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 \_\_\_\_\_  
 (Home Phone) \_\_\_\_\_ (Work Phone)

Owner/Agent/Tenant  
Name and Address:

\_\_\_\_\_  
 (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial)  
 \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 \_\_\_\_\_  
 (Phone)

Indicate:  Owner  Agent  Tenant

Animal Bite  
 No

Print Request  
 Yes  No

Establishment No.  
\_\_\_\_\_

Original No.  
\_\_\_\_\_

Resolved Date  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

-----EXCEPTIONS-----

Type	Sanitarian No.	Date	Action Code

Next Inspection Date
F

Type	Sanitarian No.	Date	Action Code

Next Inspection Date
F

Type	Sanitarian No.	Date	Action Code

Next Inspection Date
F