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 ___________________________________________

☐ Food Preparation Kitchen $121.00
☐ Satellite Serving Site $ 61.00

Time lunch is served: _______________________

Make Checks Payable to: Macomb County Health Department

Mail to: Macomb County Health Dept. Environmental Health Services OR Macomb County Health Dept. Environmental Health Services
43525 Elizabeth Mt. Clemens, MI 48043
586-469-5236 27690 Van Dyke
Warren, MI 48093 586-465-8030

Health Department Use Only

Date of last routine inspection: __________________________

Date forwarded to MC office: __________________________

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12/18