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 $122.00
☐ Satellite Serving Site $ 62.00

2020 fee

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: ______________________________

s:Environmental Health/Forms/Food/2020 Forms and Fee Labels/2020 Second School Inspection Request
01/20