



Environmental Health
REQUEST FOR SITE EVALUATION

OWNERS NAME: _____
APPLICANT : _____
DAYTIME PHONE: _____ CELL PHONE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____

INFORMATION FOR PROPERTY:

PROPERTY ADDRESS: _____
SUBDIVISION: _____ LOT: _____ BLOCK: _____ UNIT #: _____
DOGS ON PROPERTY: YES _____ NO: _____
EVALUATION REQUESTED: GARAGE _____ POOL _____ DECK _____ OUT BUILDING _____
OTHER: _____ IS SITE FLAGGED FOR EVALUATION: _____
NOTES: _____

DIRECTIONS TO PROPERTY: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE _____

TO BE COMPLETED BY HEALTH DEPARTMENT

FEE DATE: _____ AMOUNT PAID: _____

RECEIPT # _____