EXEMPT PROGRAM INSPECTION REQUEST

1. Please complete this form and return to: Summit County Public Health
   1867 W. Market Street
   Akron, Ohio 44313

2. Enclose payment: $70.00, payable to Summit County Public Health
3. Once processed, you will be contacted for inspection at the phone number you indicate below.

SITE NAME_____________________________________________________________________________________
ADDRESS______________________________________________________________________________________
NAME OF CONTACT__________________________________________________________________________________
PHONE NUMBER________________________________________
EMAIL ______________________________________________
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):
________________________________________________________________________________

TYPE OF PROGRAM: ☐ SUMMER MEAL ☐ AFTER SCHOOL MEAL ☐ HOME DAYCARE
☐ DAYCARE EXEMPTION ☐ SCHOOL CONSULTATION ☐ SHELTER
☐ OTHER_____________________________________________________________________________________

PROGRAM DAYS/HOURS OF OPERATION_______________________________________________________________
COMMENTS:_____________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

HEALTH DEPARTMENT ____________________________________________________________
SIGNATURE OF REQUESTOR______________________________________________________________
TITLE_______________________________________
DATE_______________________________________

FOR OFFICE USE ONLY:

ASSIGNED SANITARIAN _________________
DATE REQUESTED _________________
L:ehlth/fs/Forms