REQUEST FOR FOOD ESTABLISHMENT RE-INSPECTION

Establishment Name: __________________________________________

Physical Address:
*If request is for a mobile food unit or pushcart, please use the commissary address.

Reason for Re-inspection (Please check):

_________ To raise the alphabetical grade.

Contact Information

Requestor Name: __________________________________________

Phone Number: __________________________________________

Email Address: __________________________________________

Signature of Requestor: ____________________________

Today’s Date: __________

(Office Use Only)

Request Forwarded To:

<table>
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<tr>
<th>EHS Name</th>
<th>Date</th>
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P.O. Box 1209, 803 S. Walker St., Burgaw, NC 28425 (910) 259-1328 Fax (910) 259-1258

Environmental Health (910) 259-1233 WIC (910) 259-1290