

# Pender County Health Department

*...Building a healthier tomorrow...*

*Carolyn Moser, MPA  
Health Director*

## 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:** \_\_\_\_\_

<b>(Office Use Only)</b>		
Request Forwarded To:		
	EHS Name	Date

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