

**FOOD & GENERAL SERVICE REQUEST FORM**

A-Permit New Facility  
A-Complaint  
A-Consultation  
B-Ownership Change

B-Computer  
C-Food Born Illness & Other Referrals

Name of Person Calling \_\_\_\_\_ Phone: \_\_\_\_\_

MARK ONE: Food \_\_\_\_\_ Hotel \_\_\_\_\_ Swimming Pool \_\_\_\_\_ Day Care \_\_\_\_\_  
Camps \_\_\_\_\_ Schools \_\_\_\_\_ Other \_\_\_\_\_

(A) Name of Establishment/Facility \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint \_\_\_\_\_

(B) Old Name of Establishment/Facility \_\_\_\_\_

New Name of Establishment/Facility \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_ Phone: \_\_\_\_\_

(C) Name of Establishment/Facility \_\_\_\_\_

Name of Persons Involved \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to: \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON TAKING THE CALL \_\_\_\_\_ DATE \_\_\_\_\_