

**LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM**

PO Box 100 | 315 SW 4<sup>TH</sup> AVE | ALBANY, OR 97321  
PHONE (541) 967-3821 | LinnEH@linncountyhealth.org  
www.linncountyhealth.org/eh



**SANITATION INSPECTION REQUEST**

Facility Name \_\_\_\_\_

Location/Address \_\_\_\_\_

Facility Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Email \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Inspection Type**

- Daycare- Center
- Daycare- Home
- Consultation
- Other: \_\_\_\_\_

For Daycares- please include licensing specialist's name \_\_\_\_\_

**Billing Information (If different than above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\*An invoice will be mailed after completion of the inspection. By sending in this request, you agree to pay for the inspection.

**FOR OFFICE USE ONLY**

Date Requested: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Invoice Sent: \_\_\_\_\_