

# 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 \_\_\_\_\_