

EXEMPT CHILD FOOD PROGRAM INSPECTION REQUEST

SITE NAME _____

ADDRESS _____

NAME OF
CONTACT _____

PHONE NUMBER _____

EMAIL _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

TYPE OF PROGRAM: ☐ SUMMER MEAL ☐ AFTER SCHOOL MEAL

PROGRAM DAYS/HOURS OF OPERATION _____

COMMENTS: _____

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HEALTH DEPARTMENT _____

SIGNATURE OF REQUESTOR _____

TITLE _____

DATE _____